



WEST VALLEY CHINESE LANGUAGE SCHOOL
 P.O. Box 2383, Sunnyvale, CA 94087 • (408) 839-7001 • www.wvcls.org

EMPLOYMENT APPLICATION

Position you are submitting this application for: _____

If submitting for Principal position, are you applying as a volunteer or as a paid personnel (Check one only)

Name: _____
 (Last) (MI) (First) (Chinese Name) Social Security No. (Optional)

Address: _____
 (No. and Street) (City) (Zip Code)

Telephone: _____ Email: _____
 (Home) (Cell/Alternate Phone No)

Fluent (spoken and written) Languages/Dialects (other than English): _____

After employment, can you submit verification of your legal right to work in the United States?: Yes No

Have you ever been convicted by any court of law for a violation of the law? (Conviction is not an automatic bar to employment in all cases. Each case Yes No

If yes, explain and give dates: _____ is treated individually.)

Do you hold a credential or professional license of any kind? Yes No If so, specify:

List special training or experience you have had in working with volunteers (give location and dates):

Will you work hours other than 8am – 5pm? Yes No Will you work weekends? Yes No

List all computer applications you use: _____

Emergency Contact: _____

REFERENCES: List two persons (other than relatives) who will serve as your professional references

Name	Address	Phone	Occupation	Yrs. Known

Name	Address	Phone	Occupation	Yrs. Known

EDUCATION:

Highest grade completed: HS diploma AA or equivalent BA/BS MA/MS Post graduate

Name of high school attended: _____

Name of college(s)/university(ies) attended and Field of Study at each location: _____

EMPLOYMENT: List most recent employment first. Use additional paper if necessary.

Employer Name	Present or Final Position Title	Dates Employed From _____ To _____	
Employer Address	Position Duties (include supervisory responsibilities, if applicable)	Reason for leaving	
Employer Phone Number			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Manager's Name and Telephone		

Employer Name	Present or Final Position Title	Dates Employed From _____ To _____	
Employer Address	Position Duties (include supervisory responsibilities, if applicable)	Reason for leaving	
Employer Phone Number			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Manager's Name and Telephone		

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Employer Phone Number			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Manager's Name and Telephone		

Have you ever been dismissed from a position? Yes No If yes, give details. _____

Certificate of Applicant (Read carefully before signing): I hereby certify that all statements made in this application are true and I agree and understand that any misstatement of material facts will cause forfeiture of my eligibility for employment. I also understand that I may be required to sign a conflict of interest agreement and abide by its terms.

Signature of Applicant

Date