



An Equal Opportunity Employer

Employment Application

How to Apply for A Position at Child Start

1. Complete the Employment Application. PRINT LEGIBLY OR TYPE.
Please completely answer questions and specify the position for which you are applying. Late and/or incomplete applications will be rejected.
2. Attach **unofficial copies** of college transcripts as required for all positions. Applications submitted without the required documentation will be rejected.
3. **Attach copies of relevant degrees, certifications, and/ or current Child Development Permits.**
4. Attach a copy of your resume (optional) to the completed Child Start application.
5. **Submit Completed Employment Application Package to:**
Attn: Human Resources Recruitment Coordinator

Mail: Child Start Inc.
439 Devlin Road
Napa, CA 94558-6274

Fax: 707-251-1035

For further information, please call 707-252-8931 x2848.

Applications may also be downloaded from our website at www.childstartinc.org

Thank you for your interest in Child Start Incorporated!



Employment Application

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<input type="checkbox"/> Accept	<input type="checkbox"/> Reject
Reason Rejected	
<input type="checkbox"/> Insufficient Experience	<input type="checkbox"/> Education
<input type="checkbox"/> Incomplete Application	<input type="checkbox"/> License/ Certificate Required
<input type="checkbox"/> Late Application	<input type="checkbox"/> MQs Not Met
<input type="checkbox"/> Other _____	

Please Print

Date: _____

Name _____					
Last	First	Middle			
Business Telephone: _____			Home Telephone: _____		
Social Security Number: _____					
Present Address: _____					
No.	Street	City	State	Zip	
Permanent Address if different from present address: _____					
No.	Street	City	State	Zip	

Employment Desired	
Position applying for: _____	What date are you available to start? _____
Will you accept: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> On-call <input type="checkbox"/> Night <input type="checkbox"/> Weekends	
How did you find out about this position?	<input type="checkbox"/> Newspaper <input type="checkbox"/> Friend <input type="checkbox"/> Employee _____ <input type="checkbox"/> EDD
<input type="checkbox"/> Other (please specify) _____	
Name	

Personal Information	Yes	No
Have you ever applied to or worked for Child Start Inc. before?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, when? _____ In what position? _____		
Do you have any friends or relatives working for Child Start Inc.? If yes, state name(s) and relationship _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you a current or former Head Start Parent?	<input type="checkbox"/>	<input type="checkbox"/>
Why are you applying for work at Child Start? _____		
If hired, would you have a reliable means of transportation to and from work?	<input type="checkbox"/>	<input type="checkbox"/>
Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.)	<input type="checkbox"/>	<input type="checkbox"/>

Personal Information Continued	Yes	No
<p>Do you have a valid California driver's license? (A current motor vehicle report will be required if driving is necessary for the position for which you are applying.)</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodations?</p> <p>If no, describe the functions that cannot be performed _____</p> <p><small>Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.</small></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Have you ever been convicted of a criminal offense? If yes, state nature of the crime(s), when and where convicted and disposition of the case.</p> <p>_____</p> <p><small>Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered. Please be aware a criminal background check through fingerprinting is required for employment.</small></p>	<input type="checkbox"/>	<input type="checkbox"/>

Education, Training and Experience				
		Number of Completed		Degree or Diploma Received
		Semester Units	Quarter Units	
High School				
College / University				
Vocational / Business				
<p>Have you ever been employed by a State of California Licensed Child Care/FCCH Facility?</p> <p>If yes, where? _____</p>				<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>List any licenses, certificates, or permits you have which may help you to qualify for the position for which you are applying. Include typing, steno or software certificates, professional registration, etc. Please identify the level of any permits.</p>				
Title	State	Number	Date Issued	Date Expires
<p>Bilingual Ability: Please list languages (other than English) in which you are fluent.</p>				
Speak	Read	Write		

Employment History

List all employment for the last 10 years, starting with your most recent employer. Account for all periods of unemployment. You must complete this section even if attaching a resume. Please attach additional sheets if necessary.

Employer Name & Address _____

Type of Business _____

Telephone No: _____ Supervisor Name _____

Your Position & Duties _____

Date of Employment: From: _____ To: _____

Starting Pay: _____ Ending Pay: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

If no, please explain: _____

Employer Name & Address _____

Type of Business _____

Telephone No: _____ Supervisor Name _____

Your Position & Duties _____

Date of Employment: From: _____ To: _____

Starting Pay: _____ Ending Pay: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

If no, please explain: _____

Employer Name & Address _____

Type of Business _____

Telephone No: _____ Supervisor Name _____

Your Position & Duties _____

Date of Employment: From: _____ To: _____

Starting Pay: _____ Ending Pay: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

If no, please explain: _____

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name _____

Address _____
No. Street City State Zip

Occupation _____

Telephone No: _____ Number of Years Acquainted _____

Name _____

Address _____
No. Street City State Zip

Occupation _____

Telephone No: _____ Number of Years Acquainted _____

Name _____

Address _____
No. No. No.

Occupation _____

Telephone No: _____ Number of Years Acquainted _____

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I understand that nothing contained in the application, or conveyed during any interview, which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

_____ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Applicant's Signature

Date

COMPLETION IS ENTIRELY VOLUNTARY

To be completed by applicant

In accordance with Federal and State regulations, the information requested below is for statistical purposes only. The information will remain confidential and will not affect your application for employment. It will not become a part of your personnel record if you are hired. Thank you for your assistance.

POSITION APPLIED FOR _____

NAME _____ **DATE** _____

AGE: _____ **SEX** Male Female

RACE/ETHNICITY Native American/Alaskan Asian
 Black [] Hispanic White
 Pacific Islander/ Hawaiian Asian Indian
 Other _____

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check below where applicable:

Vietnam Era Veteran Disabled Veteran

To assist us in our recruitment efforts, please indicate how you found out about the job.

Newspaper (give name) _____

Other publication (give name) _____

Friend Agency employee School or other placement office

Walk-in Employment agency

HEAD START DECLARATION

Confidential Personnel File Information

In compliance with 45 CFR Part 1301, Subpart D, Head Start Grants Administration Personnel Policies, Section 1301.31 (c) and (d).

Name of Prospective Employee (Please Print): _____

Federal policies now require that Head Start agencies require all prospective employees to sign a declaration prior to employment which lists:

- (1) All pending and prior criminal arrests and charges related to child sexual abuse and their disposition;
- (2) Convictions related to other forms of child abuse and/or neglect; and
- (3) All convictions of violent felonies.

The Declaration May exclude:

1. Any offense, other than any offense related to child abuse and/ or child sexual abuse or violent felonies committed before the prospective employee's 18th birthday, which was finally adjudicated in a juvenile court or under a youth offender law;
2. Any conviction for which the record has been expunged under Federal or State Law; and
3. Any conviction set aside under the Federal Youth Corrections Act or similar State authority.

Note that individuals who declare, through this form, that they have been arrested, charged with, or convicted of any of the offenses listed above are not automatically disqualified from being hired. Head Start agencies must review each case to assess the relevance of an arrest, charge, or conviction to a hiring decision. Please provide your signature on the appropriate category below:

I ***have not been*** arrested, charged, and/or convicted on one or more of the three types of offenses listed above.

Applicant's Signature

Date

OR

I ***have been*** arrested, charged, and/ or convicted on one or more of the three types of offenses listed above. *If so, please attach information listing the offenses(s), the date(s) of the arrest, charge, and/ or conviction, and other relevant information.*

Applicant's Signature

Date



RELEASE OF INFORMATION FORM

I, _____, hereby authorize Child Start Incorporated to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to Child Start any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure.

In addition, I hereby release Child Start, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

Applicant's Signature

Date

Operating Head Start in Napa and Solano Counties

**439 Devlin Rd. Napa, CA 94558-6274
Tel: 707-252-8931 Fax: 707-252-2301**