

Employment Application
Head Start Child Development Council, Inc.
5361 N. Pershing Ave Suite A Stockton, CA 95207

Education: Attach copies of transcripts, licenses and certificates.

Name and Location (City, State) or High School Attended	Highest Grade Completed 9 ____ 10 ____ 11 ____ 12 ____	Did You Graduate?	Do you have a High School Equivalency Certificate?	
Name/Location of College/University Attended	Major Course of Study	Units	Diplomas/Degrees	Dates of Attendance
Name/Location of Other Schools/Institutes	Course of Study/Training	Hours/Units	Certificates/Diplomas	Dates of Attendance
Certificates/Licenses of Professional/Vocational Competency		Effective Date	Expiration	Type/Restrictions

Volunteer & Community Experience: (list agency, location, work performed, dates of service)

Experience: (begin with your most recent experience and list all positions).

Employment Dates (Mo/Yr)	Job Title:	Salary:	Employer Name/Address:
From: To:	Duties:		
Hrs/wk:			Reason for Leaving:
Employment Dates (Mo/Yr)	Job Title:	Salary:	Employer Name/Address:
From: To:	Duties:		
Hrs/wk:			Reason for Leaving:
Employment Dates (Mo/Yr)	Job Title:	Salary:	Employer Name/Address:
From: To:	Duties:		
Hrs/wk:			Reason for Leaving:

**Head Start Child Development Council, Inc.
Declaration Form for Prospective Employees**

Federal policies [45 CFR Part 1301, Subpart D, Section 1301.31 (c) (d)] require Head Start agencies to require all prospective employees to sign a declaration prior to employment which lists pending and prior criminal arrests and charges related to child sexual abuse and their disposition, other forms of child abuse and/or neglect, and all convictions of violent felonies.

Individuals who declare, with this form, that they have been arrested, charged with, or convicted of any of the offenses listed below are not automatically disqualified from being hired. Head Start will review each case to assess the relevance of an arrest, charge or conviction to the hiring decision.

Name: _____
(please print)

Please sign on the appropriate category below:

A. I have been arrested, charged, and/or convicted on one or more of the following, or related offences.	
Child Sexual Abuse	Any felony related to assault or violence
Child Abuse	Any other felony
Child Neglect	
Attach information listing the offenses(s), the date(s) of arrest, charge and/or conviction, and other relevant information in a sealed envelope.	
Signature: _____	Date: _____

B. I have <u>NOT</u> been arrested, charged, and/or convicted on one or more of the following, or related offences.	
Child Sexual Abuse	Any felony related to assault or violence
Child Abuse	Any other felony
Child Neglect	
Signature: _____ Date: _____	

I understand that this form will be held confidential. I understand that, if considered for employment, I will be fingerprinted and a full criminal records check will be conducted.

Signature: _____ Date: _____

San Joaquin County
Head Start Child Development Council, Inc.
Human Resources Department
5361 N. Pershing Ave. Suite A
Stockton, CA 95207
209.235.3138

Verification of Employment

Date (applicant complete)

Name and address of Previous Employer (applicant complete)

Attention: _____

Please verify the experience of _____ (applicant complete)
Name of applicant

Who has claimed working experience at your agency from _____ (applicant complete)
Is this information correct? _____ Yes _____ No

PLEASE LIST ALL JOBS THIS PERSON HAS HELD WITHIN YOUR AGENCY.

Has this employee resigned from your agency? _____
Is Employee eligible for rehire? _____
Salary of employee: _____

Signature of Person verifying experience Date

Printed Name Title

Thank you in advance for completing and returning the above requested information in a timely manner. If you need to contact us, our telephone number is (209) 235-3138.

Return to:
La Juana Bivens, Human Resources Director
Head Start CDC, Inc. of San Joaquin County
5361 N. Pershing Ave. Suite A
Stockton, CA 95207

RELEASE OF INFORMATION:

I hereby authorize the release of information to the Head Start Child Development Council, Inc. for the purpose of reference checks to verify information stated in my application for employment.

Signature _____ Date _____

Instructions to the applicant:

Attached are letters of verification which will be sent to your former employers. Please complete the section marked (applicant complete).

It is necessary to verify your employment history for the previous five years.

Keep completed letters of verification attached to the completed job application and return to the Head Start Human Resources Department. The Letters of verification will be mailed to your current and former employers.

In addition, a personal reference is required for all application submittals.

Thank you for your cooperation. If you need assistance, please contact the human resources department 209.235.3138.

San Joaquin County
Head Start Child Development Council, Inc.
Human Resources Department
5361 N. Pershing Ave., Ste A
Stockton, CA 95207
(209) 235-3138

Personal Reference

_____ Date (applicant complete)

Name and address of Personal Reference (applicant complete)

Please verify the Information on _____ (applicant complete)
Name of applicant

PLEASE DESCRIBE YOUR KNOWLEDGE OF THE APPLICANT AS IT RELATES TO
INTEGRITY AND ETHICAL BEHAVIOR.

HOW LONG HAVE YOU KNOWN APPLICANT? _____

Signature of Personal reference

Date

Thank you in advance for completing and returning the above requested information in a timely manner. If you need to contact us, our telephone number is (209) 235-3138.

Return to:
La Juana Bivens, Human Resources Director
Head Start CDC, Inc. of San Joaquin County
5361 N. Pershing Ave Suite A
Stockton, CA 95207

RELEASE OF INFORMATION:

I hereby authorize the release of information to the Head Start Child Development Council, Inc. for the purpose of reference checks to verify information stated in my application for employment.

Signature _____ Date _____

AFFIRMATIVE ACTION INFORMATION FORM

We are an affirmative action government contractor. In accordance with government regulations we are required to track the number of our applicants by gender, race/ethnicity, and position for which applied.

At the recommendation of the Department of Labor, we invite you to indicate your race/ethnicity below. This information will be kept separately from your application and will be used only in accordance with federal and state regulations.

YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION. Your application for employment will be considered in the same manner whether or not you fill this form.

GENDER

_____ Male
_____ Female

ETHNIC GROUP

_____ A person of Mexican, Puerto Rican, Cuban, South American, or other Spanish culture or origin, regardless of race.

RACE

_____ White (Not of Hispanic origin) - All persons having origins in any of the original peoples of Europe, North Africa, or Middle East.

_____ Black (Not of Hispanic origin) - All persons having origins in any of the black racial groups of Africa.

_____ Asian or Pacific Islander - All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands, and Samoa.

_____ American Indian or Alaskan Native - All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

_____ Native Hawaiian or other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

_____ Biracial/Multi-racial. A person reporting 2 or more races.

_____ Other _____
Please specify

Special Disabled Veteran: _____ Yes _____ No

A person entitled to disability compensation for a disability rated at 30 percent or more, or rated at 10 or 20 percent in the case of a veteran who has been determined under Section 1506 of Title 38, USC to have a serious employment handicap, or a person whose discharge or release from active duty was for disability incurred or aggravated in the line of duty.

Veteran of the Vietnam Era: _____ Yes _____ No

A person who (a) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975 and was discharged or released therefrom with other than a dishonorable discharge, or (b) was discharged or released from active duty because of a service connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975.

Disabled Individual: _____ Yes _____ No

A person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.

Name _____ Date of application _____ Position applied _____

How did you learn of position? _____ newspaper _____ TV _____ Internet _____ employee