



Northcoast Children's Services

P.O. Box 1165, Arcata, Ca 95518
(707) 822-7206 ~ fax (707) 822-7962

1266 9th Street, Arcata, CA 95521
website: www.ncsheadstart.org

Application for Employment

Position Applied For		Date of Application	
Last Name	First Name	Middle Name	
Address Number/Street		City	State Zip
Home Phone ()	Cell Phone ()	Work Phone ()	
E-mail		Social Security Number	
Have you ever been employed by Northcoast Children's Services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give dates and position held: _____			
Have you ever been employed by a State of California Licensed Child Care Center or Home? If yes, where and when: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a current or former Head Start/Early Head Start parent? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Applicants are not required to disclose this information, however NCS funding sources may provide a preference to current & former Head Start/Early Head Start parents for employment vacancies for which they are qualified)</small>			
Are you under 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, can you after hire, submit a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please tell us how you found out about this vacancy: (please be specific)			
<input type="checkbox"/> NCS Employee _____		<input type="checkbox"/> Employment Agency _____	
<input type="checkbox"/> Newspaper _____		<input type="checkbox"/> Walk In / NCS posting	
<input type="checkbox"/> Online _____ <small>(what source? HSU, Craig's List, newspaper, etc.)</small>		<input type="checkbox"/> NCS Website	
		<input type="checkbox"/> Other _____	

Employment Experience



Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate sex, race, color, creed, gender, religion, marital status, age, national origin or ancestry, physical or mental disability, sexual orientation, or any other basis protected by federal, state or local law.

If you need additional space, please continue on a separate sheet of paper.

****Incomplete applications may be disqualified from consideration****

Employer	Length of Service		Work Performed
Address (Street #, City, State)	From	To	
Job Title	Hourly Rate/Salary		
Reason for Leaving	<i>Hours/Week</i>	<i>Months/Year</i>	
Supervisor	Telephone Number ()		

Employer	Length of Service		Work Performed
Address (Street #, City, State)	From	To	
Job Title	Hourly Rate/Salary		
Reason for Leaving	<i>Hours/Wk</i>	<i>Months/Yr</i>	
Supervisor	Telephone Number ()		

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Reason for Leaving	<i>Hours/Wk</i>	<i>Months/Yr</i>	
Supervisor	Telephone Number ()		

Education

School or Institution	Name and Location of School	Number of Years Completed	Did you Graduate?	Course of Study	Degree or Certification
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Community or Jr. College			<input type="checkbox"/> Yes <input type="checkbox"/> No		
College or University			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other (specify)					
Special job-related skills, training, apprenticeships, certificates or licenses acquired: <div style="height: 40px;"></div>					

Number of Early Childhood Education/Child Development units completed: _____
 Verification of education is required upon employment. Attach copies of your transcripts if available at the present time.

ECE/CD classes completed (these classes must be 3 or more units):

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Child Development | <input type="checkbox"/> Child/Family/Community | <input type="checkbox"/> Curriculum |
| <input type="checkbox"/> Supervised Practicum | <input type="checkbox"/> ECE Administration | |

Please check the box if you possess any of the following:

- | | |
|--|--|
| <input type="checkbox"/> Children's Center Permit or Current Child Development Permit (Level _____) | |
| <input type="checkbox"/> Teaching Credential | <input type="checkbox"/> Regional Occupation Program Certificate |
| <input type="checkbox"/> Valid Infant & Child CPR Certification | <input type="checkbox"/> 15-Hours Health and Safety Training |
| <input type="checkbox"/> Valid Infant & Child First Aid Certification | <input type="checkbox"/> Child Development Associate |

First Aid and/or CPR must be Approved by Emergency Medical Services Authority--EMSA)

Miscellaneous Job-Related Information

Job Duties:	Can you perform each of the job duties listed on the job description(s,) with or without reasonable accommodations, for which you are applying for? <input type="checkbox"/> Yes <input type="checkbox"/> No
Military Training:	Have you obtained any special skills or abilities as the result of service in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, describe: _____
Bilingual Ability:	Do you speak, write or understand any languages other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate what language: _____ <input type="checkbox"/> Speak <input type="checkbox"/> Write <input type="checkbox"/> Understand
Office Skills: (For office based positions)	Estimated keyboarding (words per minute) _____ Computer software programs and office machines you have used: _____ _____

Background Check Process

Applicants hired into the position for which you are applying are required by California Law to have a Criminal Background Clearance or Exemption **BEFORE** working for Northcoast Children's Services. Clearances are obtained by submitting fingerprints to the local authorities for a Criminal Background Check through the California Department of Justice (DOJ), Federal Bureau of Investigation (FBI) and Child Abuse Index. Clearances are then reviewed by the California Department of Social Services (DSS), Community Care Licensing Division. It generally takes 2-14 days after fingerprints are submitted for a Clearance to be issued.

In the event you are offered a job with our program and do not already possess a DOJ/FBI Criminal Background Clearance or Exemption for Child Care Facilities, the job offer is conditional upon your obtaining one.

If a conditional offer of employment with Northcoast Children's Services is made to you, further information and paperwork will be provided to begin the Criminal Background Check process. For a better understanding of the Background Check process, go to the CA Community Care Licensing website (www.cclid.ca.gov) and look up **Fingerprinting**.

Individuals who declare, through 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. Northcoast Children's Services must review each case to assess the relevance of the arrest, charge or conviction to a hiring decision.

All prospective employees are required to provide information regarding the following:

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.

No, I have not been arrested, charged and/or convicted on one or more of the three types of offenses listed above.

Yes, I have been arrested, charged, and/or convicted on one or more of the three types of offenses listed above.

If yes, please attach information listing the offense(s), the date(s) of the arrest, charge, and/or conviction, and other relevant information.

Have you ever been convicted of a criminal offense? No Yes

Note: Per Health and Safety Code sections 11361.5 and 11361.7, convictions for marijuana-related offenses that are more than two (2) years old need not be listed.

If yes, state nature of the crime(s), when and where convicted and disposition of the case.

Personal References

Please give three PERSONAL references who are NOT related to you and are NOT previous employers/supervisors

Name	Phone Number & Location	Relationship & Years Known
1.	() - City/State:	
2.	() - City/State:	
3.	() - City/State:	

Release of Information

I authorize any representative of Northcoast Children's Services to contact my personal references and current and former employers and discuss my qualifications for the position(s) I have applied for.

I declare that all statements and answers in this application are true and complete and agree that any untruth, misleading answer, omission, concealment or failure to answer any question fully, completely and accurately will be grounds for terminating my employment. I agree that if employment is offered to and accepted by me, it is mutually understood and agreed that any employment is not confined to a fixed term and may be ended by either party without prior notice, unless otherwise affected by written company procedures.

Signature of Applicant

Date

Northcoast Children's Services is an Equal Opportunity Employer. Applicable law and Agency Policy prohibits discrimination based on sex, race, religious creed, color, gender, national origin or ancestry, physical or mental disability, medical condition, marital status, age, sexual orientation, genetic information or any other basis protected by federal, state or local law.



EQUAL EMPLOYMENT OPPORTUNITY SURVEY

Northcoast Children's Services

1266 9th Street, Arcata CA 95521

NOTICE TO APPLICANTS: The following information is necessary for our Agency to evaluate its recruitment and hiring practices and to prepare reports required by state and federal agencies. The information you provide is **CONFIDENTIAL** and will not be used in any way to affect your employment status with our Agency. This form will be removed from your application before processing. Your cooperation in providing this information is greatly appreciated. **COMPLETION OF THIS FORM IS VOLUNTARY.**

PLEASE PRINT:

Date: _____

Position applied for: _____

Check One:

Race/Ethnic Category:

- HISPANIC or LATINO**
(Cuban, Mexican, Puerto Rican, South or Central American or other Spanish cultural origins)
- WHITE** (Europe, Middle East or North African origins)
- BLACK or AFRICAN AMERICAN** (Origins in any of the black racial groups of Africa)
- NATIVE HAWAIIAN or PACIFIC ISLANDER**
(Hawaii, Guam, Samoa or other Pacific Island origins)
- ASIAN**
(Far East, Southeast Asia, Indian Subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand or Vietnamese origins)
- AMERICAN INDIAN or ALASKA NATIVE**
(Origins in the original people of North and South America, including Central America)
- OTHER: Specify** _____
- Decline to state**

Gender:

- Female
- Male

Check All That Apply:

- I am Disabled
- I am a Veteran
- I am a Disabled Veteran
- I am a Vietnam Era Veteran