

HEAD START**EARLY HEAD START/E.C.E.A.P.**

1305 KITTTITAS STREET/P.O. BOX 360

WENATCHEE, WA 98807-0360

Community Child Center - Kittitas off Crawford

Phone 509/663-5179 * Fax 509/662-6363



Provide all information requested by typing or printing in ink. Please read carefully before you sign this application.
False statements on this application form shall be considered sufficient cause for termination.

Qualified applicants receive consideration for employment without discrimination because of sex, marital status, race, color, creed, religion, national origin, age, the presence of a non-job-related handicap, or status as a disabled or Vietnam veteran.

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone ()
Address	Street	City	State
Zip Code	Email address	Other Telephone ()	
Are you legally entitled to work in the US? (Proof of citizenship or immigration status will be required upon employment) G Yes G No			Social Security # (optional)
Names of Relatives Employed by this Company		Referred By (if applicable)	
Person(s) to contact in case of emergency (Include Name and Phone Number)			

POSITION

Position or Type of Employment Desired	Will Accept: G Full-Time G Part-Time G Temporary Date Available _____

EDUCATION AND TRAINING

High School Graduate or General Education Test Passed? G Yes G No							
If no, circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12							
LIST BELOW COLLEGE, BUSINESS SCHOOL, MILITARY, ETC. (most recent first)							
Name and Location	Dates Attended Month/Year	Credits Earned			Grad Yes/No	Degree	Major or Subject Taken
			Semester Hrs			Year	
License, Certificate or Registration	Number	Where Issued			Date of Issue	Expiration Date	
Languages Spoken Fluently Other Than English							

SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

WORK EXPERIENCE

Employer	Telephone Number	From (month/year)
Address		
Your Title	# Employees Supervised	To (month/year)
Specific Duties		Hours Per Week
		Last Salary
		Supervisor
Reason for Leaving		

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Address		
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		Supervisor
Reason for Leaving		

OTHER INFORMATION

If you are under 18 years of age, can you provide required proof of your eligibility to work?	Yes No
Have you ever filed an application with us before? If Yes, give date	Yes No
Have you ever been employed with us before? If Yes, give date	Yes No
Are you a current or past Head Start Parent? If Yes, give date	Yes No
Are you currently employed?	Yes No
Can you travel if a job requires it?	Yes No
Do you have a valid driver's license?	Yes No
Can you provide proof of auto insurance upon employment?	Yes No
Have you been convicted of a felony within the last 7 years? Conviction will not necessarily disqualify an applicant from employment. If Yes, please describe _____	Yes No

REFERENCES (Required)

Give name, email address and telephone number of three personal references who are not related to you and are not previous employers.

1. _____	Telephone: _____	Email: _____
2. _____	Telephone: _____	Email: _____
3. _____	Telephone: _____	Email: _____

Give name, email address and telephone numbers of three references from previous employers or supervisors.

1. _____	Telephone: _____	Email: _____
2. _____	Telephone: _____	Email: _____
3. _____	Telephone: _____	Email: _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In consideration of my employment, I agree that my employment and compensation can be terminated with or without cause, and with or without notice at any time, at the option of either CSA or myself. I understand that no representative of CSA, other than the Executive Director, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Signature of Applicant

Date

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Chelan-Douglas Child Services Association
EMPLOYMENT REFERENCE AUTHORIZATION

I authorize the Head Start/ECEAP Program to contact the former employers I have listed on this application.
I also authorize a pre-employment (WATCH) background check.

I further agree to hold harmless from any and all liability this program and those employers who provide references regarding my working habits.

A photocopy of this authorization and waiver shall be considered as legally valid as the original and may be sent to former employers as a statement of my intent to hold them harmless for the results of references given.

I certify that I have truthfully and accurately completed the above employment application and that I have read and do understand this statement of authorization and waiver.

Applicants Name_____

Applicants Signature_____

Applicants Birthdate_____

Date_____

Address_____

