



Child Parent Centers, Inc.

602 East 22 Street

Tucson, AZ 85713

(520) 623-2512 Ext. 77333

Web Address: www.childparentcenters.org

Email Address: employment@childparentcenters.org

EMPLOYMENT APPLICATION

CHILD-PARENT CENTERS, INC. IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

We request that all questions on this form be completed and reserve the right to reject applications that are incomplete. Resumes are welcome, but please *do not* respond with "See Resume" to any question. If you need any accommodation in the application process because of a disability, please call the Human Resources Department at the number listed above.

PERSONAL INFORMATION

PLEASE PRINT CLEARLY

Name: _____ Date: _____
Last First Middle

Daytime Telephone Number: (____) _____ Evening Telephone Number: (____) _____

Address: _____
Street Apt. Number City State Zip Code

Languages (other than English) that you *read, write, and speak fluently*: _____

Are you now, or have you ever been, a Head Start Parent? **Yes** ___ **No** ___ If Yes, when? _____ Where? _____

Have you ever been a Head Start Child? **Yes** ___ **No** ___ If Yes, when? _____ Where? _____

Have you previously applied for a job with us? **Yes** ___ **No** ___ If Yes, when? _____ Under what Name? _____

Have you previously worked for us? **Yes** ___ **No** ___ If Yes, when? _____ Under what Name? _____

Do you have any relatives who work for us? **Yes** ___ **No** ___ If Yes, Name: _____

Please discuss relatives with Human Resources. We have a restrictive policy that excludes most relatives from working for us.

POSITION (S) YOU ARE APPLYING FOR: (Only one Application is required, even if you are applying for more than one position.)

Title(s): _____

Regular Employment Substitute Employment Earliest Date available to work: _____

How did you learn about Child-Parent Centers? Newspaper _____ Information from Head Start Center (Name) _____

Employment Agency (Please list Agency) _____ Friend _____ Walk-In _____

Other (Please name) _____

EDUCATION RECORD: School Name & Address Graduate? Area of Study / Degree / # Units

High School or GED _____ Yes ___ No ___ _____

College (2 Year) _____ Yes ___ No ___ _____

University (4 Year) _____ Yes ___ No ___ _____

COPIES OF HIGHEST DEGREE, CERTIFICATIONS (See Below) and TRANSCRIPTS REQUIRED BEFORE APPLICATION CAN BE PROCESSED.

ADDITIONAL EDUCATION, TRAINING and SKILLS: Include trade schools, business colleges, correspondence school, company or association sponsored seminars, CDA Training or Certification, etc. **Attach Certificates/Certifications as applicable**

MILITARY SERVICE RECORD: Were you ever in the U.S. Armed Services? Yes ___ No ___ If Yes, Branch? _____

Duty Assigned: _____ Rank at time of discharge: _____
Special Schools: _____

IF YOU REQUIRE ADDITIONAL SPACE, PLEASE FEEL FREE TO USE THE BACK SIDE OF PAGES 1 & 2.

COMPUTER SKILLS: Child-Parent Centers, Inc. currently uses Microsoft Windows XP on all of its office PC's. We also use other software in our Centers. Please indicate your level of expertise in the listed programs.

<u>Program</u>	<u>Expert</u>	<u>Average</u>	<u>Some Knowledge</u>	<u>No Knowledge</u>
MS Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS Power Point	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS Outlook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LAN/WAN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Typing Speed (WPM)	_____			
Other (Please List)	_____			

FORMER EMPLOYERS: Please provide information about your last three jobs, starting with the most recent. **DO NOT LEAVE BLANKS!** By completing this section you are saying that you understand that Child-Parent Centers, Inc. (CPC) will contact these employers as part of the application process, and you explicitly grant CPC permission to do so. (Please note the exception to this statement that appears above your signature on Page 3.)

1. Employer Name: _____ Address: _____
Street City State Zip

Phone Number: (____) _____ Supervisor's Name: _____

Employed From: _____ To: _____ Wage: Beginning _____ Ending _____

Job Title: _____ How many times were you promoted? _____

Describe your Duties _____

Reason for leaving? _____

What did you like about this job? _____

What did you dislike about this job? _____

2. Employer Name: _____ Address: _____
Street City State Zip

Phone Number: (____) _____ Supervisor's Name: _____

Employed From: _____ To: _____ Wage: Beginning _____ Ending _____

Job Title: _____ How many times were you promoted? _____

Describe your duties: _____

Reason for leaving _____

What did you like about this job? _____

What did you dislike about this job? _____

3. Employer Name: _____ Address: _____
Street City State Zip

Phone Number: (____) _____ Supervisor's Name: _____

Employed From: _____ To: _____ Wage: Beginning _____ Ending _____

Job Title: _____ How many times were you promoted? _____

Describe your duties: _____

Reason for leaving: _____

What did you like about this job? _____

What did you dislike about this job? _____

PERSONAL REFERENCES: By providing information concerning Personal References you are saying that *you understand that CPC will contact these people and ask them about your character and suitability to work in an organization that works with children, and you explicitly grant CPC permission to do so. Please do not list relatives or current CPC employees.*

1. Name _____ Telephone Number (____) _____

Address _____

Street Apt. Number City State Zip Code

Circle all that apply: Friend Former Employer Co-Worker Neighbor Years Known: _____

2. Name _____ Telephone Number (____) _____

Address _____

Street Apt. Number City State Zip Code

Circle all that apply: Friend Former Employer Co-Worker Neighbor Years Known: _____

3. Name _____ Telephone Number (____) _____

Address _____

Street Apt. Number City State Zip Code

Circle all that apply: Friend Former Employer Co-Worker Neighbor Years Known: _____

I understand that Child-Parent Centers, Inc. (CPC) will contact my Former Employers and my Personal References as part of the Application Process, and I agree that CPC may do so. I authorize CPC to conduct a thorough review and verification of all information I provide. I authorize my references to give any and all information to CPC, and I release from all liability or responsibility all persons, companies, or corporations who provide information on my previous employment, training, education and character as part of the review. I understand that omissions or a misrepresentation of fact is cause for non-hire and/or dismissal. **(Note: Head Start regulations require that we contact your last three employers prior to making a job offer.)**

You may contact my present employer. You may contact my previous employer You may contact previous employers, but please speak with me first.

Signature

Date

DECLARATION FORM FOR PROSPECTIVE EMPLOYEES IN HEAD START PROGRAMS

This form was developed for use by Head Start programs to comply with 45 CFR, Head Start Grants Administration, Personnel Policies, Section 1301.31(c) and (d).

Name of Prospective Employee: _____

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 declarations may exclude:

- (1) Traffic fines of \$200.00 or less;
- (2) 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 youth offender law;
- (3) Any conviction for which the record has been expunged under Federal or State Law; and
- (4) Any conviction set aside under the Federal Youth Correction Act or similar State authority.

Individuals that 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.

I **have not been** arrested, charged, or convicted on one or more of the three offenses.

Signature _____ date _____

OR

I **have been** arrested, charged, or convicted on one or more of the three charges. (If so, please attach information listing the offense(s), the date of the arrest, charge, or conviction, and any relevant information).

Signature _____ date _____

Driver applicants only:

Per 45 CFR 1304.52(b) of the Head Start Transportation performance standards, list all moving traffic violations, regardless of penalty (violation and date): _____

In accordance with Transportation Part 1310.16.2(b) this is form serves as notice that our applicant review process and further consideration or rejection for hiring drivers, includes the following: 1) a criminal background check, 2) driving record check, and (3) after a conditional offer of employment to the applicant and before the applicant begins work as a driver, a medical examination, performed by a licensed doctor of medicine or osteopathy, establishing that the individual possesses the physical ability to perform any job-related functions with any necessary accommodations.

Signature _____ date _____

VOLUNTARY AFFIRMATIVE ACTION INFORMATION

In order for our agency to monitor its affirmative action program, it is necessary for us to identify each person who applies for employment by the factors listed below. We ask your help in checking the proper squares that apply to you. This voluntary information will be removed from the application and used for statistical compilation only. No decision in the individual's selection will be based on this information.

Position Title: _____

Age: _____ Female Male Physical Handicap _____

EEO Ethnic Code: *(These classifications were developed by the Equal Employment Opportunities Commission)*

_____ American Indian or Alaskan Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian or Other Pacific Islander

_____ White

_____ Hispanic or Latino

_____ Biracial _____

_____ Multiracial _____

_____ Other _____

_____ Unspecified