



## APPLICATION FOR EMPLOYMENT

### ORANGE COUNTY HEAD START, INC.

2501 SOUTH PULLMAN STREET, SUITE 100

SANTA ANA, CA 92705

(714) 241-8920 FAX (949) 596-8291

[www.ochsinc.org](http://www.ochsinc.org) • [jobs@ochsinc.org](mailto:jobs@ochsinc.org)

### ATTENTION APPLICANT - PLEASE READ THE FOLLOWING BEFORE COMPLETING THE APPLICATION:

1. This application must be typewritten or completed in ink.
2. Please print or write clearly.
3. Answer every question applicable to the job for which you are applying. A resume may be attached but does not substitute for completion of all questions. An unanswered question may be considered a reason for disregarding your application.
4. Any omission of facts or misrepresentation on your application is cause for disqualification or dismissal. Applications with missing data may be disregarded without notice to the applicant.
5. You must be specific regarding the position you are applying for. The most common entry level positions are: Program Assistant, Custodian, Family Service Advocate, Food Service Assistant, Teacher or Teacher Assistant.
6. Read the "Terms of Employment" section, and be sure to sign the application.
7. After completing the application, you may forward it to Orange County Head Start, Inc. by:
  - Mailing it to the address listed above
  - Hand deliver to the address above
  - Email to [jobs@ochsinc.org](mailto:jobs@ochsinc.org),
  - Fax to (949) 596-8291.

**NOTE:** ALL APPLICATIONS HAND DELIVERED MUST BE GIVEN DIRECTLY TO A STAFF MEMBER IN THE HUMAN RESOURCES DEPARTMENT.

### **NOTIFICATION TO PROSPECTIVE EMPLOYEES**

Applicants for all positions at Orange County Head Start, Inc. are required to sign a release and be submitted to a urine drug screen at a clinic designated by OCHS. This procedure occurs after the interviewing process post offer, pre-start date. Orange County Head Start, Inc. will rescind the offer of employment to any person who tests positive for illegal drugs.



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**ATTENTION APPLICANTS:** Any omission of facts or misrepresentation on your application is cause for disqualification from hire or termination following hire. Applications with missing data will not be returned to the applicant.

OCHS is an Equal Opportunity Employer. All applicants will be considered for employment regardless of race, religious creed, color, ancestry, marital status, medical condition, disability, national origin, age, sex, pregnancy or related medical condition, or political affiliation.

**POSITION DESIRED:** \_\_\_\_\_  
 (A separate application is required for each position.)

**PERSONAL DATA:** Please print in ink or type only.

Last Name		First Name		Middle Initial	Telephone Home:	Cell:
Street Address				Unit/ Apt No.	Telephone Work:	Email:
City		State	Zip	Social Security Number:		
If hired, can you provide proof of identity and legal authorization to work in the U.S.? Yes      No		Do you have proof of vehicle insurance? Yes      No		Driver's License Number:		
				State:	Expiration Date:	

**Relatives employed with ORANGE COUNTY HEAD START, INC.:**

Are you related to any employee or member of the Orange County Head Start, Inc., Board of Directors? Yes      No			If YES, please provide the information below:		
Name:		Relationship:		Work location:	
Have you worked for OCHS in the past? Yes      No      If yes, please answer...		Position:	Dates of employment: From:      To: Mo:      Yr:      Mo:      Yr:		Name, if different:

**Criminal Record:** (If you answer yes to any of these questions, complete details must be outlined and attached to this application on a separate piece of paper. Include offenses, places, dates, and penalties. Do not list minor traffic infractions or list convictions for which the record has been judicially sealed, expunged or statutorily eradicated; convictions for which probation has been successfully completed or otherwise discharged and the case has been dismissed; referrals to and participation in any pre-trial or post-trial diversion programs; and marijuana related offenses that occurred over two years ago.) A conviction, guilty plea or no contest will not necessarily disqualify an applicant from consideration.

Have you ever pled guilty or no contest to a crime or been convicted of a crime? Yes                  No	Have you pled guilty or no contest or been convicted of any offense which would prohibit you from working with children? Yes                  No
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**EDUCATION AND PROFESSIONAL TRAINING:**

Name of School	Address, City and State Only	Units Completed	Major/Minor	Degree Received
High School:				
College/University:				
College/University:				
Graduate School:				
Other:				

**Credentials and completed applicable courses:** List all **valid California** credentials you hold. If you have a credential application in process, list credential(s) applied for and date application was submitted. List all courses completed which are applicable to your desired position. (List completed courses only). **Attach a complete copy of all credentials, application for credentials, and/or transcripts, originals may be required. All copies previously mentioned must accompany your application in order for it to be accepted.**


**Professional License and Certification:**

Name of License/ Certification:	Issuing State:	Number:
Has your License/ Certification ever been revoked? Yes          No          If yes, . . .	Reason for revocation:	Revocation Date: Reinstatement Date:

**Military service record and reserve status:**

Military Service:	Reserves:	Branch:	Rank:	Years of Service:	Honorable Discharge:
Yes      No	Yes      No				Yes      No
Skills received that may apply to this position:					

**Language Skills:** List languages other than English, including sign language.

Language	Speak fluently?	Write fluently?
	Yes      No	Yes      No
	Yes      No	Yes      No

List any **equipment** you can operate that may be involved in your desired position.


**References:** List people we may contact who are qualified to evaluate your capabilities (do not include relatives):

Name:	Address:	Telephone:	Occupation:	Years Known:
Name:	Address:	Telephone:	Occupation:	Years Known:
Name:	Address:	Telephone:	Occupation:	Years Known:

**EMPLOYMENT HISTORY** as complete as possible: 1) **Information must be complete.** Incomplete information will cause your application to be disregarded. 2) List chronologically, most recent first. 3) List promotions separately. 4) Attach a resume if available. **Do not submit a resume in place of completing this section.** (Use an additional sheet if more space is needed.)

Job Title:		Base rate of pay:		From –		To	
		Start:      End:		Month:      Yr:		Month:      Yr:	
Name of Employer:						Telephone No:	
Street Address:		City:		State:		Zip:	
Supervisor's Name:		Job Title:				Telephone No:	
Reason For Leaving:						May we contact this employer?	
						Yes      No	
Briefly describe duties performed and skills utilized:							
Job Title:		Base rate of pay:		From –		To	
		Start:      End:		Month:      Yr:		Month:      Yr:	
Name of Employer:						Telephone No:	
Street Address:		City:		State:		Zip:	
Supervisor's Name:		Job Title:				Telephone No:	
Reason For Leaving:						May we contact this employer?	
						Yes      No	
Briefly describe duties performed and skills utilized:							

**EMPLOYMENT HISTORY** (Continued...)

Job Title:	Base rate of pay: Start:                      End:	From – Month:                      Yr:	To Month:                      Yr:
Name of Employer:		Telephone No:	
Street Address:	City:	State:	Zip:
Supervisor's Name:	Job Title:	Telephone No:	
Reason For Leaving:		May we contact this employer? Yes                      No	
Briefly describe duties performed and skills utilized:			
<hr/>			
Job Title:	Base rate of pay: Start:                      End:	From – Month:                      Yr:	To Month:                      Yr:
Name of Employer:		Telephone No:	
Street Address:	City:	State:	Zip:
Supervisor's Name:	Job Title:	Telephone No:	
Reason For Leaving:		May we contact this employer? Yes                      No	
Briefly describe duties performed and skills utilized:			

**AVAILABILITY:**

I am available for:	Full-time Employment	Part-time Employment	Substitute
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Use this section to **continue your employment history or to describe in great detail any Volunteer Experience and/or Related Activities** that are appropriate for your desired position. **Please include dates and location of any Head Start experience-volunteer or parental.** Attach a separate sheet if needed.

**Any offer of employment with Orange County Head Start, Inc. is contingent upon Policy Council Approval, as well as a medical examination (including a TB Test), a drug test, and in some instances insurability under our Company Auto Insurance Policy. Until all pre-employment procedures are completed, any offers of employment are conditional and preliminary and may be withdrawn at any time.**

**APPLICANT AUTHORIZATION AND ATTESTATION:**

My signature below authorizes Orange County Head Start, Inc., to conduct a background investigation concerning any and all information bearing on my suitability for employment. Further, I authorize any person, agency, or other entity contacted by Orange County Head Start, Inc., to release any information to OCHS with respect to my application for employment. I waive my right of access to any such information released to OCHS and, without limitation, hereby release OCHS and any person, agency, or entity which releases information from any liability in connection with such release of information or its authorized use.

I hereby certify under penalty of perjury that all of the information I have provided on this Employment Application is true, correct, with the knowledge that such statements and information may be relied upon by Orange County Head Start, Inc., in considering my application for employment. I understand that any omission or false statement made by me on this application, or any supplement to it, or in the course of any interview for employment, may result in denial of employment or termination of employment should I become employed by OCHS.

I expressly agree and understand that if I am employed, my employment will be at-will, for no definite or determinable period. Therefore, my employment may be terminated at any time, with or without prior notice, for any or no reason, with or without cause, at the option of either the company or myself. Additionally, the terms of my employment at the company, including but not limited to, promotion, demotion, discipline, layoff, transfer, compensation, benefits, duties and location of work, may be changed by the company at any time, with or without notice. I expressly understand and agree that the at-will nature of my employment cannot be changed, modified, amended or rescinded except by an individual written agreement signed by me and the Executive Director of OCHS.

Print name of applicant: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



In compliance with the Federal Equal Employment Opportunity (EEO) requirements, Orange County Head Start, Inc. requests that applicants voluntarily provide the following information. Please check below the appropriate categories. *This is not a part of the selection process.* All information will be treated confidentially. This form will be separated **before** the application is used in any phase of the selection process.

This information may be provided to State and Federal Regulatory Agencies.

Name: \_\_\_\_\_

(Optional)

A. Ethnicity

- (1) Anglo, Caucasian
- (2) Black, African-American
- (3) Hispanic, Latino
- (4) Asian, Asian American, Pacific Islander
- (5) Native American Indian, Native Alaskan
- (6) Other \_\_\_\_\_

B. Age

- (1) Under 40
- (2) 40 or over

Sex

- (1) Male
- (2) Female

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 where applicable:

- Vietnam Era Veteran
- Disabled Veteran
- Individual with a Disability

C. The following information is used to measure the effectiveness of our recruiting efforts. We would like you to tell us how you heard about this position:

- |   |                   |
|---|-------------------|
| (1) Orange County Head Start, Inc. employee | (4) Friend        |
| (2) Relative                                | (5) Self Directed |
| (3) Newspaper _____                         | (6) Other: _____  |
- (which one)

**TO BE COMPLETED BY ORANGE COUNTY HEAD START, INC.**

EEO - 1 Category:

- |                           |                              |
|---------------------------|------------------------------|
| 1. Officials and managers | 6. Crafts - skilled          |
| 2. Professionals          | 7. Operatives - semi-skilled |
| 3. Technicians            | 8. Laborers - unskilled      |
| 4. Sales                  | 9. Service Workers           |
| 5. Office and clerical    |                              |