



APPLICATION FOR EMPLOYMENT

ORANGE COUNTY HEAD START, INC.

2501 S. PULLMAN STREET

SANTA ANA, CALIFORNIA 92705

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

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 Worker, Food Service Assistant, Special Needs Aide, Teacher Assistant, & Transportation 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 - or- Hand delivered at the address above .

NOTE: ALL APPLICATIONS HAND DELIVERED MUST BE GIVEN DIRECTLY TO THE HUMAN RESOURCES DEPT.

NOTIFICATION TO PROSPECTIVE EMPLOYEES

Applicants for all positions at Orange County Head Start, Inc. are required to sign a release and submit to a urine drug screen at a clinic designated by OCHS. This procedure occurs after the interviewing process but prior to an offer of employment. Persons who test positive for illegal drugs or legal drugs which could affect job performance will not be hired.

APPLICATION FOR EMPLOYMENT

ORANGE COUNTY HEAD START, INC.



"Working Together for Our Future"

ORANGE COUNTY HEAD START, INC.
 2501 S. PULLMAN STREET
 SANTA ANA, CALIFORNIA 92705
 (714) 241-8920 FAX (949) 596-8291

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

Under company policy, prospective employees will receive consideration for employment without discrimination due to race, religious creed, color, ancestry, marital status, medical condition, disability, national origin, age, sex, pregnancy or related medical condition, or political affiliation.

This application is part of the examination process.

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: |
| Street Address | Unit/ Apt No | | Telephone Work: Ext. |
| City | State | Zip | Social Security Number: |
| | | | 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: |
|--|-----------|--|---------------------|

Felony Conviction: (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.) Failure to admit is cause for disqualification. A conviction or dismissal will not necessarily disqualify an applicant from consideration.

| | |
|--|---|
| Have you ever been convicted of a felony? Yes No | Have you been found guilty of any offense which would prohibit you from working with children? Yes No |
|--|---|

EDUCATION AND PROFESSIONAL TRAINING:

| Name of School | Address, City and State Only | Select Year 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: Yes No | Branch: | Rank: | Years of Service: | Honorable Discharge: Yes No |
| Reserves: 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.

| | | |
|--|--|--|
| | | |
| | | |

EMPLOYMENT HISTORY for at least the past five years: 1) **Information must be complete.** Failure to do so, 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: | From - Mon: Yr: | To - Mon: 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: | From - Mon: Yr: | To - Mon: 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: | From - Mon: Yr: | To - Mon: 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: | From - Mon: Yr: | To - Mon: 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 |
|---------------------|----------------------|----------------------|------------|

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.

Employment with Orange County Head Start, Inc., is contingent upon Policy Council Approval, as well as successful completion of an 80 day initial training period, a medical examination (including a TB Test), a drug test, and in some instances insurability under our Company Auto Insurance Policy. Until all employment procedures are satisfied, any offers of employment are conditional and preliminary and may be withdrawn at any time.

APPLICANT AUTHORIZATION AND ATTESTATION:

My signature authorizes Orange County Head Start, Inc., to conduct a background investigation concerning any and all information cited by me in connection with my application 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 certify that I have made true, correct, and complete statements and answers on this application 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 affirm that I have no other purpose in applying for a job with OCHS. 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, will be sufficient grounds for Orange County Head Start, Inc., to deny my application for employment or to discharge me should I become employed with OCHS.

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between the company and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either the company or myself, and that no promises or representations contrary to the forgoing are binding on the company unless made in writing and signed by the company's designated representative and me.

Signature: _____ Date: _____

