



Mid-Columbia Children's Council, Inc.

Head Start/ECEAP/OPK/Early Head Start

1100 E. Marina Way #215

Hood River, OR 97031

Phone (541) 386-2010; Fax (541) 386-4597 www.mcccheadstart.org

Thank you for your interest in employment with Mid-Columbia Children's Council. Before applying, please familiarize yourself with our guiding principles.

Our employees:

- Communicate with each other by effectively conveying and receiving ideas, information and directions;
- Work collaboratively with others in the organization, demonstrating a willingness to assist and learn from others;
- Interacts with others in a manner that reflects MCCC professionalism. Do not engage in gossip, negative comments or behavior regarding coworkers, clients or MCCC. Advocates for MCCC.
- Continually pursue new practices to improve work processes;
- Plan, prioritize and monitor work to ensure timely and appropriate completion of tasks and projects;
- Readily adjust to new routine and change, understanding the practical impact of those routines or system improvements.
- Step in to contribute, develop and/or carry out new ideas, processes or methods.

Our purpose is to:

- Enhance children's physical, social, emotional, and intellectual development;
- Support parent's efforts to fulfill their parental roles;
- Help parents move toward self-sufficiency

Federal Head Start Regulations:

Section 648A(g) of the Head Start Act requires that before a Head Start agency employs an individual, agency shall--

- (1) conduct an interview of such individual;
- (2) verify the personal and employment references provided by such individual; and
- (3) obtain—
 - a) a State, tribal, or Federal criminal record check covering all jurisdictions where the grantee provides Head Start services to children;
 - b) a State, tribal, or Federal criminal record check as required by the law of the jurisdiction where the grantee provides Head Start services; or
 - c) a criminal record check as otherwise required by Federal law.

EDUCATION

Do you have a high school diploma or GED certificate? Yes No					
SCHOOL	Name and Location	Course of Study	Credits Completed	Degree/ Diploma	Graduated Y/N
College					
Graduate					
Other schools (Nursing, Trade, Business, etc.)					

SKILLS/CERTIFICATIONS/TRAINING (mark any that apply)

Current: Infant/Toddler CPR Standard First Aid	Do you speak, read or write another language fluently in addition to English? Yes No If yes, what other language(s) do you speak, read, or write? Please specify:
Current: OR Food Handler's Permit WA Food Handler's Permit	
Do you have a Current CDA (Child Development Associate)?) Yes No If yes, what setting? Please Circle: Infant/Toddler or Preschool; Expiration Date:	
Typing Speed: _____WPM/KPH	
Please list any computer applications, programs or databases with which you are proficient:	
List any additional related job skills, training, certifications, etc.	

Employment History

The information you provide in the "Employment History" section will be used to evaluate whether you meet the minimum qualifications listed in the job announcement. Starting with your **current or most recent job**, list all of your related jobs (including volunteer work, part-time, or self-employment). **You may attach additional pages if necessary.**

****A resume will not substitute for completing this section of the application.****

From (Month & Year)	Name and address of employer	Supervisors' name and telephone number
Starting date Ending date		May we contact this supervisor? Yes No
Your Title	Your Job Duties	
# Supervised		
Reason for leaving		
From (Month & Year)	Name and address of employer	Supervisors' name and telephone number
Starting date Ending date		May we contact this supervisor? Yes No
Your Title	Your Job Duties	
# Supervised		
Reason for leaving		
From (Month & Year)	Name and address of employer	Supervisors' name and telephone number
Starting date Ending date		May we contact this supervisor? Yes No
Your Title	Your Job Duties	
# Supervised		
Reason for leaving		
From (Month & Year)	Name and address of employer	Supervisors' name and telephone number
Starting date Ending date		May we contact this supervisor? Yes No
Your Title	Your Job Duties	

# Supervised			
Reason for leaving			
From (Month & Year)		Name and address of employer	
Starting date	Ending date	Supervisors' name and telephone number	
		May we contact this supervisor? Yes No	
Your Title		Your Job Duties	
# Supervised			
Reason for leaving			

Attach additional pages if needed to list additional employment history

Use the space below to explain how you meet the minimum qualifications as stated in the job announcement and your interest in working for Mid-Columbia Children's Council.

ADDITIONAL INFORMATION:

Mid-Columbia Children’s Council, Inc. will provide employees and job applicants with reasonable accommodations to assist in performance of essential job functions or the application process, as required by law.

I certify that the information supplied during the application process contains no misrepresentations or falsifications nor have I made any material omissions. The information given is true and complete to the best of my knowledge. I understand that misrepresentation or material omissions may result in cancellation of the application or dismissal from employment.

I understand that consideration for employment is contingent on the results of a reference and background check. I authorize Mid-Columbia Children’s Council, Inc. to contact my former employers and listed references to verify information. I authorize all contacted persons and former employers to provide information concerning this application, work experience, my background and suitability of employment and I release Mid-Columbia Children’s Council, Inc. its agents and anyone providing information about me from all liability for providing such information.

I understand that Mid-Columbia Children’s Council, Inc. does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and Mid-Columbia Children’s Council, Inc. may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing and signed by the Executive Director of Mid-Columbia Children’s Council, Inc.

I understand that employment with Mid-Columbia Children’s Council, Inc. is contingent upon approval of the Head Start Policy Council and, in some cases, by the Board of Directors.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

Signature of Applicant _____ **Date** _____

Applicant Name (printed) _____