

Mid-Columbia Children's Council, Inc.

1100 E. Marina Way #215

Hood River, OR 97031

Phone (541) 386-2010; Fax (541) 386-4597

APPLICATION FOR EMPLOYMENT

EQUAL EMPLOYMENT OPPORTUNITY: It is the policy of Mid-Columbia Children's Council, Inc. to provide equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, sex, age, national origin, physical or mental disability, sexual orientation, gender identity, marital status, status as a Vietnam-era or special disabled veteran or membership in any other group protected under applicable federal, state and local laws. If specific reasonable accommodations are needed for the selection process, please notify Human Resources at (541) 386-2010. This application is not, by any means an employment contract but merely is intended to evaluate suitability for employment.

POSITION APPLYING FOR:

(Please indicate position and site location for the position you are applying for)

PERSONAL INFORMATION (PRINT)	
Name	Phone number to reach you at:
Mailing Address	Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No
City State Zip	Where did you hear about this job opening?
Email address:	
Can you provide documentation that you are legally eligible for employment in the U.S.A? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you worked for MCCC before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate dates and positions held:
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did your child/children attended Early Head Start/Head Start? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any relative/friend who currently works for us? (Qualified relative/friends are eligible for employment except in unusual situations where we need to avoid possible conflict of interest). <input type="checkbox"/> Yes <input type="checkbox"/> No
When: Program Location:	

EDUCATION

Do you have a high school diploma or GED certificate? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Infant/Toddler CPR <input type="checkbox"/> Adult CPR <input type="checkbox"/> Standard First Aid	Do you speak, read or write another language fluently in addition to English? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what other language(s) do you speak, read, or write? Please specify:
Current: <input type="checkbox"/> OR Food Handler's Permit <input type="checkbox"/> WA Food Handler's Permit	
Do you have a Current CDA (Child Development Associate)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what setting? <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your Title	Your Job Duties	
# Supervised		
Reason for leaving		

# 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 an 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) _____