

Plaza de la Raza Child Development Services, Inc.

13300 Crossroads Parkway N., #440, City of Industry, CA 91746

Tel. (562) 776-1301 / Fax (562) 776-8712

Email: www.plazadelaraza.info



Employment Application

Today's Date: _____

Position Applying For: _____

How did you learn about this position? _____

Applicant Information

Name: _____ Other names used: _____

Address: _____ City: _____ Zip: _____

Day-Time Tel. No.: _____ Evening Tel. No.: _____

E-mail Address: _____

Social Security No.: _____ CA Driver's License No.: _____

Language Ability

English: Speak Write

Spanish: Speak Write

Other: _____ Speak Write

References

List personal references (not relatives) that have known you for a minimum of five (5) years:

<i>Name</i>	<i>Occupation</i>	<i>Address</i>	<i>Phone Number</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Plaza de la Raza Child Development Service, Inc. is an Equal Opportunity Employer.

1. Are you related to any Plaza employee, board member and/or parent from the Policy Committee?
Yes No

If yes, please indicate his/her name and relationship:

Name: _____ Relationship: _____

2. Are you a current or former Head Start parent? Yes No

If yes, please indicate the name of the program and the year your child was enrolled:

Program Name: _____ Year: _____

3. Have you ever worked for this Agency? Yes No

If yes, in what capacity? _____

Location: _____

4. What office machines can you operate? _____

What computer software programs do you know? _____

Education and Certifications

Name of High School: _____

Address: _____

Highest Grade Completed: _____ Diploma: Yes No GED: Yes No

<u>Type of Degree</u>	<u>Major</u>	<u>Name of Institution</u>	<u>Date Degree Awarded</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Number of Early Childhood Education units: _____ Number of General Education units: _____

Are you currently taking classes or enrolled in school? Yes No

Name of Institution: _____

Name of Course(s): _____

List credentials, certificates, licenses, or permits you hold:

<u>Type of Credential/License</u>	<u>Credential/License No.</u>	<u>Expiration Date</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

* Official transcripts indicating your entire college education must be submitted with your employment application.

Work History

List most recent position first. Indicate all work experience for at least the last ten (10) years. If you have worked in multiple positions at the same company, please list each position separately. Attach additional pages if necessary.

Do you give permission for us to contact your current employer? Yes No

Company Name: _____ From _____ To _____

Company Address: _____ Month/Year Month/Year

Position: _____

Job Description: _____

Name of Supervisor: _____ Title of Supervisor: _____

Telephone: _____

Email Address: _____

Specify reason for leaving: _____

Company Name: _____ From _____ To _____

Company Address: _____ Month/Year Month/Year

Position: _____

Job Description: _____

Name of Supervisor: _____ Title of Supervisor: _____

Telephone: _____

Email Address: _____

Specify reason for leaving: _____

Company Name: _____ From _____ To _____

Company Address: _____ Month/Year Month/Year

Position: _____

Job Description: _____

Name of Supervisor: _____ Title of Supervisor: _____

Telephone: _____

Email Address: _____

Specify reason for leaving: _____

Personal Statement

Write a brief explanation to describe why you are qualified for this position. Write about your experience, knowledge, skills, and abilities in relation to this position.

Have you ever been convicted of any criminal offense other than a minor traffic violation? Yes No

Do not include convictions for the use or possession of marijuana if the conviction occurred more than two (2) years ago. If you answered “Yes”, please provide a detailed written account of the offense on the Criminal Record Statement. (Please note: A conviction will not necessarily disqualify you from employment as each case will be considered on its own merit.)

Criminal Record Check Authorization

The successful clearance of a criminal record check is required by all persons associated with this agency prior to employment. By signing this employment application you are authorizing the agency without further notice to conduct all necessary criminal record checks. These background checks may include but not limited to FBI, Department of Justice and Child Abuse Index.

I declare under penalty of perjury that I have read and understand the information contained in this affidavit and that my responses and accompanying attachments are true and correct. Any deliberately false statement will result in my disqualification for consideration for employment or discharge by the agency.

Signature

County Where Signed

Date

Reference Check Authorization

Employment with Plaza de la Raza Child Development Services, Inc. is contingent upon Policy Committee approval, ability to meet medical standards, criminal record clearance and other requirements applicable to the position desired. Until all employment procedures are satisfied, any offers of employment are conditional and preliminary and may be withdrawn at any time.

The information I have provided in this employment application is true, and correct and complete. False, incomplete or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and references I provided, and any other parties necessary to verify the accuracy of information I disclosed in this application, a related employment resume or personal interview. To assist in the processing of my application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application is not an employment agreement. If I accept an offer of employment, I understand I may resign at any time, and the employer may terminate my employment at any time with cause and due notice, unless required by law. I understand that no one has authority to enter into any employment agreement with terms contrary to the foregoing unless made in writing and signed by the agency's designated officer.

I fully understand and accept all terms and conditions in the above statement.

Print Name _____

Signature _____

Date _____

CRIMINAL RECORD STATEMENT

State law requires that persons associated with licensed facilities be fingerprinted and disclose any conviction. A conviction is any plea of guilty or nolo contendere (no contest) or a verdict of guilty. The fingerprints will be used to obtain a copy of any criminal history you may have.

Have you ever been convicted of a crime in California ? YES NO

You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.

Have you ever been convicted of a crime from another state, federal court, military or jurisdiction outside of U.S.? YES NO

Criminal convictions from another State or Federal court are considered the same as criminal convictions in California.

If you answer YES, give details on the back of this page indicating the nature and circumstances of each crime and the date and the location in which each crime occurred.

You must disclose convictions, including reckless and drunk driving convictions even if:

1. It happened a long time ago;
2. It was only a misdemeanor;
3. You didn't have to go to court (your attorney went for you);
4. You had no jail time or the sentence was only a fine or probation;
5. You received a certificate of rehabilitation;
6. The conviction was later dismissed, set aside or the sentence was suspended.

NOTE: IF THE CRIMINAL BACKGROUND CHECK REVEALS ANY CONVICTION(S) THAT YOU DID NOT DISCLOSE ON THIS FORM, YOUR FAILURE TO DISCLOSE THE CONVICTION(S) WILL RESULT IN AN EXEMPTION DENIAL, LICENSE APPLICATION DENIAL, LICENSE REVOCATION, OR EXCLUSION FROM A LICENSED FACILITY.

I declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and that my responses and any accompanying attachments are true and correct.

FACILITY NAME		FACILITY NUMBER	
YOUR NAME (PRINT CLEARLY)	YOUR ADDRESS	CITY	ZIP
SOCIAL SECURITY NUMBER (SEE PRIVACY STATEMENT ON REVERSE SIDE)	DATE OF BIRTH	DMV LICENSE NUMBER	
SIGNATURE		DATE	

I. Instructions to Respondents:

If you have been convicted of a crime in California, another state or in federal court, provide the following information:

(You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.)

What was the offense? _____

In which state and city did you commit the offense? _____

When did this occur? _____

Tell us what happened. (Use additional sheets of paper if needed) _____

I certify under penalty of perjury that the above information is true and correct to the best of my knowledge.

Signature _____ **Date** _____

II. Instructions to Licensees:

If the person discloses a criminal conviction, review the person's statement and discuss it with your Licensing Program Analyst (LPA). Maintain this form in your facility personnel file and send a copy to your LPA.

PRIVACY STATEMENT

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code section 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

In order to be licensed, work at, or be present at, a licensed facility, the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568.09, 1569.17 and 1596.871) The Department will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records containing your personal information maintained by the Department (Civil Code section 1798 et seq.). Under the California Public Records Act, the Department may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters.

NOTE: IMPORTANT INFORMATION

The Department is required to tell people who ask, including the press, if someone in a licensed facility has a criminal record exemption. The Department must also tell people who ask, the name of a licensed facility that has a licensee, employee, resident, or other person with a criminal record exemption.

If you have any questions about this form, please contact your local licensing regional office.