

CARBON COUNTY CHILD DEVELOPMENT PROGRAMS, INC.

AN EQUAL OPPORTUNITY EMPLOYER

Application for Employment

Equal access to programs, services, and employment is available to all persons. Those applicants requiring accommodation with the application and/or interview process should contact a representative of the Personnel Department.

PLEASE PRINT

Position(s) applied for _____ Date of application _____

Referral source: _____ Advertisement _____ Employee _____ Relative _____ Walk-in
_____ Government Employment Agency _____ Private Employment Agency _____ Other

Name of source (if applicable) _____

Name _____

Last

First

Middle

Address _____

Street

City

State

Zip Code

Telephone _____ Social Security Number _____

If necessary, best time to call you at home is _____ a.m. _____ p.m.

May we contact you at work? _____ If yes, work number and best time to call _____

If you are under 18, can you furnish a work permit? _____

Have you filed an application here before? _____

If yes, give dates _____

Are you legally eligible for employment in this country? _____

Date available for work _____

Type of employment desired _____ Full time _____ Part-time

Are you on lay-off and subject to recall? _____ Yes _____ No

Will you travel if job requires it? _____ Yes _____ No

Are you able to meet the attendance requirements of the position? _____ Yes _____ No

Are you a present or past Carbon County Child Development Program parent? _____ Yes _____ No

Have you been convicted of a felony in the last seven (7) years? _____ Yes _____ No

(Such conviction may be relevant if job related, but does not bar you from employment) If yes, please explain:

EMPLOYMENT HISTORY

List your last (4) employers, assignments, or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in **Comments** section below.

Employer		Dates employed	Summarize nature of work and job responsibilities
Address		From:	
Phone		To:	
Job Title			
Supervisor/Title		Salary/Hourly	
Reason for Leaving		Starting \$	
May we contact?		Final \$	

Employer		Dates employed	Summarize nature of work and job responsibilities
Address		From:	
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Reason for Leaving		Starting \$	
May we contact?		Final \$	

Comments (including explanation of any gaps in employment)

Skills and Qualifications – Summarize any special training, skills, licenses, certificates, and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying _____

EDUCATIONAL BACKGROUND (if job related)

A. List last three (3) schools attended, starting with the most recent. **B.** List number of years completed. **C.** Indicate degree or diploma earned, if any. **D.** Grade Point Average or Class Rank, and **E.** Major or minor field of study (if applicable)

A. School	B. Yrs. Completed	C. Degree/Diploma	D. GPA/Class Rank	E. Major/Minor

List any foreign language(s) you know and check the boxes that describe your skill level.

Language	Speak some	Speak fluently	Read

REFERENCES

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years known

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability, or other protected status.)

Organization	Offices held

List special accomplishments, publications, awards received (exclude information which would reveal sex, race, religion, national origin, age, color, disability, or protected status.)

List any additional information you would like us to consider.

PLEASE READ CAREFULLY

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time with or without cause and without prior notice. I understand that no representative of the employer has the authority to make assurances to the contrary.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that could be required by the ADA.

Signature of Applicant _____ **Date** _____

AFFIRMATIVE ACTION VOLUNTARY INFORMATION
(Completion of information below is voluntary)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

To be completed by applicant. Not for interview purposes. To be filed separately from application. This information is used to satisfy the Affirmative Action Requirements of Section 503 of the Rehabilitation Act or as necessitated by another federal law or regulation.

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government record keeping, reporting, and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that this survey is **not** a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Position applied for _____ Date ____/____/____

REFERRAL SOURCE

____ Walk-in ____ Government Employment Agency ____ Private Employment Agency
____ Employee ____ Relative ____ School ____ Other
____ Advertisement - Source _____

Name of person who referred you (if applicable) _____

APPLICANT INFORMATION

Name _____ (____)
 Last First Middle Area Code

Address _____ City _____ State _____ Zip Code _____

____ Male ____ Female

Please check one of the following Equal Employment Opportunity Identification Groups:

____ White ____ Black (not of Hispanic origin) ____ Hispanic
____ American Indian/Alaskan Native ____ Asian/Pacific Islander

SPECIAL NOTICE

Vietnam Era Veterans, Disabled Veterans, and Individuals with physical or mental disabilities:

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans, veterans of the Vietnam War, and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential. Refusal to provide this information will not adversely affect your consideration for employment.

If you so wish to be identified, please check if any of the following are applicable:

__ Vietnam Era Veteran (served between 1964-1975) __ Disabled Veteran __ Individual with a disability

CARBON COUNTY CHILD DEVELOPMENT PROGRAMS

PRE-EMPLOYMENT DECLARATION

In accordance with Head Start regulations (45 CFR 1301.31) and to ensure to the best of our ability the safety and well-being of the children we serve, we require all prospective employees to complete the following, prior to employment. You need not disclose information that is contained in sealed or expunged records and may state that no record or action ever occurred as to matters contained in sealed or expunged records. (Information disclosed by you on this declaration form will not necessarily be an automatic bar to employment, and factors such as your age at the time of the incident, seriousness and nature of the incident, time elapsed, and subsequent rehabilitation efforts will be taken into account.)

1. Have you ever been convicted of a criminal offense (felony or misdemeanor, except for minor traffic violation)? You must answer "yes" if you have entered into a plea agreement, including a deferred sentence or judgement arrangement, in connection with a criminal charge. **Yes** **No**

If your answer is "yes," please provide for each conviction: The date of the conviction, the name and address of the court where the conviction was entered, and the nature of the offense involved.

2. Have you ever been arrested, charged, or convicted or do you have any pending actions involving child sexual abuse, child abuse, neglect, and/or a crime involving violence? **Yes** **No**

If your answer is "yes," please attach a statement or explanation, including nature of offense charge, date, law enforcement agency making the charge, and any other relevant information.

3. Have you ever been reported to a social services agency, law enforcement authority, child abuse registry, or similar organization regarding abuse or other misconduct involving children? **Yes** **No**
4. Have you ever been the subject of a civil lawsuit involving sexual misconduct, sexual harassment, or other harassment or injurious behavior or conduct, involving adults or children? **Yes** **No**
5. Have you ever been the subject of a complaint or disciplinary proceeding against a professional license or other license held by you, including but not limited to a license to provide child care or similar services? **Yes** **No**
6. Have you ever been the subject of any disciplinary action, transfer, or dismissal, or been named as a defendant in a civil or criminal lawsuit, as a result of an accident or mishap involving children? **Yes** **No**

Name (please print)

Signature

Date

Statement of Relative Status

This statement confirms that I am not related in any way to any person/persons who are currently serving on the Board of Directors or Policy Council of Carbon County Child Development Programs, Inc.

Signature

Date

Witness Signature

Date

Carbon County Child Development Programs, Inc.

Reference Information for Staff

Person giving reference: _____ **Date:** _____

Address: _____ **Phone:** _____

Person being referenced: _____

How long have you known this person? _____

What is the nature of your relationship with this person? _____

Does this person appear to be in good health, and physically and mentally able to care for children? _____

How often have you observed this person with children? _____

How would you rate this person's general interest with children?

Low 1 _____ **2** _____ **3** _____ **4** _____ **5** _____ **High**

How would you rate this person's understanding of children and their special needs?

Low 1 _____ **2** _____ **3** _____ **4** _____ **5** _____ **High**

How does this person handle the discipline of children? _____

Would you permit this person to care for your child? _____

Other comments:

Signature

Date

Carbon County Child Development Programs, Inc.

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Other comments:

Signature

Date

TB RISK FACTOR SELF ASSESSMENT:

WYOMING DEPARTMENT OF FAMILY SERVICES

The overriding objectives of screening for Mycobacterium tuberculosis (TB) should be to identify *persons who are at high risk for TB exposure and infection, and persons at high risk for active TB disease once infected*. Targeting screening to populations who are likely to fall into these two broad categories is now the standard approach in the U.S., and is referred to as *targeted screening*. Wyoming's screening for TB infection (TST/IGRA/CXR) should be performed on all adults who have contact with children in a child care setting before caregiving activities are initiated, including non care providers present in family child care homes. The need for subsequent periodic screening of adults with negative tests and no symptoms should be based on the person's risk of acquiring infection (no requirement for subsequent screenings based solely on working in child care).

WHO	SCREENING PROCEDURE	FREQUENCY OF SCREENING
New employees, volunteers, and household members	If person identifies having one of the signs, symptoms, risk factors, or conditions, person should be screened as per Dept. of Health recommendations.	No further screening needed, unless person develops symptoms or risk factors or Department of Health identifies a need for ongoing screening

If any of the following items apply to you, it is required that you see a health care provider for additional TB screening

and/or medical evaluation.

Potential Signs and symptoms:

- Prolonged cough (> 2-3 weeks) with or without production of sputum that might be bloody
- Unexplained weight loss
- Night sweats
- Chest Pain
- Diagnosis of community-acquired pneumonia that has not improved after 7 days of treatment
- Weakness or easily fatigued
- Loss of appetite
- Chills
- Fever

Behavioral Risks (please identify country or facility as necessary)

- Foreign-born persons, including children, from areas that have a high TB incidence or prevalence (e.g., Latin America and the Caribbean, Africa, Asia, Eastern Europe, and Russia)
- Infants, children, and adolescents with travel histories to countries with endemic infection and having substantial contact with native people from such countries (e.g., Latin America and the Caribbean, Africa, Asia, Eastern Europe, and Russia) (Please list country and duration of stay): _____
- Travelers who anticipate possible prolonged exposure to TB (e.g., those who could be expected to come in contact routinely with hospital, prison, or homeless shelter populations) or those who may have an extended stay over a period of years in an endemic country (e.g., Latin America and the Caribbean, Africa, Asia, Eastern Europe, and Russia)

- If the result is negative, travelers should have a repeat test approximately 8-10 weeks after returning.
- Resident high-risk congregate setting (Long-term care facilities, Mental health institutions)

- Detention/Correction Resident or Employee

- Homeless (past/current)
- Illicit Drug Use
- Other _____

- None of the above risk factors apply to me

Clinical Conditions (can increase the risk for progression to TB disease)

- HIV/AIDS
- Silicosis
- Diabetes

- Chronical renal failure/ESRD
- Hematologic/reticuloendothelial disease
- Cancer in the head, neck, lung
- Low body weight (10% or more below ideal)
- Prolonged corticosteroid use

- Other immunosuppressive therapy (eg. Prednisone or TNF-alpha)
- Organ transplant
- Chronic malabsorption syndromes
- Chest X-Ray finding suggestive of previous TB disease without adequate treatment history
- Intestinal bypass or gastrectomy

- None of the above conditions apply to me

I certify I have read this form or it has been read to me and the information given is true and correct. I understand the information given is voluntary and lack of required information could affect my employment.

Signature

Date