**Application for Employment**

**APPLICANT INFORMATION**

***EPIC is an Equal Opportunity Employer. Please notify our front office if you need any accommodations or assistance with any part of our application process.***

*In order to be considered for employment this application must be completed in its entirety. Please remember to print clearly, and to read and sign the last page. If you are applying for multiple positions an application must be filled out for each job.*

**POSITION YOUR APPLYING FOR AND LOCATION(S):**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **POSITION YOUR APPLYING FOR AND LOCATION(S):** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Job Title | |  | | | | | | | Today’s Date: | | | | | |  | | | |  | | | |  | | |
| Please circle which program(s) you are applying for: | | | | | | | | | | | | | | | | | | | | | | |
| ECEAP | | | | | Head Start | | | Early Head Start | | | | | | | | Migrant Head Start | | | | | | |
| Please list the location(s) you are applying for: | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **APPLICANT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | |  | | | First | | | |  | | | | | | | | M.I. | |  | | | | | |
| Mailing Address | | |  | | | | | | | | | | | | | | | Apartment/Unit # | | | |  | | | |
| City |  | | | | | State | | | |  | | | | | | | | ZIP |  | | | | | | |
| Phone |  | | | | | E-mail Address | | | | | | |  | | | | | | | | | | | | |
| Date Available | | | |  | |  | | | | | |  | | | | | Desired Salary | | | | | | | |  |
| Are you a citizen of the United States? | | | | | | YES | NO | | | | If no, are you authorized to work in the U.S.? | | | | | | | | | | YES | | | | NO |
| Have you ever filed an application with EPIC before? | | | | | | YES | NO | | | | If so, when? | | |  | | | | | | | | | | | |
| Have you ever worked for EPIC before? | | | | | | YES | NO | | | | If yes, explain | | |  | | | | | | | | | | | |
| Are you a previous ECEAP or Head Start parent? | | | | | | YES | NO | | | | If yes, when | | | | | | | | | | | | | | |
| Are you available to work | | | | | | FT | PT | | | | Shift | | | Temporary | | | | | | | | | | | |
| Have you ever been convicted of any crime or is there a criminal charge pending against you? | | | | | | YES | NO | | | | If yes, explain | | |  | | | | | | | | | | | |
| Have you ever been convicted of a felony? | | | | | | YES | NO | | | | If yes, explain | | |  | | | | | | | | | | | |
| Do you own your own motor vehicle and state required insurance? | | | | | | YES | NO | | | |  | | | If no, do you have other means of transportation: | | | | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| Can you travel if a job requires it? | YES | NO |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Do you have? | | | | | YES | | NO | **Date of completion** | | | | **Expiration Date** |
| First Aid Card | | | | |  | |  |  | | | |  |
| CPR Card | | | | |  | |  |  | | | |  |
| Food Handler's Card | | | | |  | |  |  | | | |  |
| HIV/AIDS Certificate | | | | |  | |  |  | | | |  |
| CDL (Commercial Driver's License) | | | | |  | |  |  | | | |  |
| Portable Background Check | | | | |  | |  |  | | | |  |
|  | | | | | | | | | | | | |
| Why are you interested in this particular job? | | | | |  | | | | | | | |
| What skills and training qualify you for this position? | | | | |  | | | | | | | |
| What portion of your work experience qualifies you for this position? | | | | |  | | | | | | | |
| **EDUCATION** | | | | | | | | | | | | |
| High School |  | | | | | Address | |  | | | | |
| From |  | To |  | Did you graduate? | | YES | | NO | Degree | |  | |
| College |  | | | | | Address | |  | | | | |
| From |  | To |  | Did you graduate? | | YES | | NO | Degree |  | | |
| Graduate Studies |  | | | | | Address | |  | | | | |
| From |  | To |  | Did you graduate? | | YES | | NO | Degree |  | | |
| Merit Training |  | | | | | Address | |  | | | | |
| From |  | To |  | Did you graduate? | | YES | | NO | Degree |  | | |
| Other |  | | | | | Address | |  | | | | |
| From |  | To |  | Did you graduate? | | YES | | NO | Degree |  | | |

*\*EPIC will administer a basic English literacy and math skills test for certain positions*

**Professional Organizations:**

**Professional Licenses / Certifications**

|  |  |  |  |
| --- | --- | --- | --- |
| Type | State Issued | Number | Expiration Date |
| *EXAMPLES* |  |  |  |
| *STARS* | *WA* | *176678* | *1/1/2018* |
| *BASIC CHILD DEV ASSOCIATE CERTIFICATION* | *WA* | *88888* | *1/1/2018* |
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| --- | --- | --- | --- |
| Do you have any current restrictions on your license? | YES | NO | If yes, please explain: |

**Indicate any foreign language you can speak, read and/or write:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Speak: | Fluent | Read | Write | Good | Fair |
| Speak: | Fluent | Read | Write | Good | Fair |
| Speak: | Fluent | Read | Write | Good | Fair |

*\*EPIC will administer an examination for determining level of Spanish language ability.*

**Specialized Skills - check any skills/ equipment operated:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 10 Key | Fax | Database | Word Processing | Spreadsheet | Desktop Publishing |
| Other: |  | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **REFERENCES** | | | |
| *Please list three professional references.* | | | |
| Full Name |  | Relationship |  |
| Company |  | Phone |  |
| Address |  | | |
| Full Name |  | Relationship |  |
| Company |  | Phone |  |
| Address |  | | |
| Full Name |  | Relationship |  |
| Company |  | Phone |  |
| Address |  | | |

|  |  |  |
| --- | --- | --- |
| **PREVIOUS EMPLOYMENT** | | |
| Company | | Phone |
| Address | | Supervisor |
| Job Title | | |
| Responsibilities | | |
| From To | Reason for Leaving | |
| May we contact your previous supervisor for a YES NO reference? | | |
| Company | | Phone |
| Address | | Supervisor |
| Job Title | | |
| Responsibilities | | |
| From To | Reason for Leaving | |
| May we contact your previous supervisor for a YES NO reference? | | |
| Company | | Phone |
| Address | | Supervisor |
| Job Title | | |
| Responsibilities | | |
| From To | Reason for Leaving | |
| May we contact your previous supervisor for a YES NO reference? | | |

|  |  |
| --- | --- |
| **MILITARY SERVICE** | |
| Branch | From To |
| Rank at Discharge | Type of Discharge |
| If other than honorable, explain | |

|  |
| --- |
| **DISCLAIMER AND SIGNATURE** |
| I certify that my answers are true and complete to the best of my knowledge.  If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. |
| Signature Date |

PLEASE READ THE FOLLOWING CAREFULLY, INITIALING BEFORE SIGNING THIS APPLICATION

1. EPIC is an equal opportunity employer and does not discriminate on the basis of six, sexual orientation, age, race and color, religion, marital status, national origin, disability or veteran status.

2. Interviews are given on a competitive basis using job-related factors after a written application has been received and reviewed. Because of the large number of applications received, not everyone who applies for a vacant position will be interviewed.

3. I understand that, if selected, I will be required to provide proof of my identify and my legal right to work in the United States prior to actual employment with EPCI.

4. I understand that, if selected, EPIC has a drug and alcohol testing policy in place for:

1) pre-employment; 2) on the job injury requiring medical attention; 3) for reasonable cause; and 4) bus drivers are subject to pre-employment and random drug and alcohol testing.

5. I understand that, if selected, I will be required to submit to a criminal history background check, which may include fingerprinting.

6. I understand that, if selected, certain positions require a First Aid Card, CPR card, and/or Food Work Card. I will be responsible for obtaining these cards.

7. I certify that I have answered truthfully and not knowingly withheld any information relative to my application. I understand that my misperception or material omission of this application will result in my being eliminated from further consideration. I further understand that, if accepted for employment, any misrepresentation or material omission which becomes know by EPIC may result in immediate termination of my employment.

8. I authorize all previous employers and supervisors, including all persons with and for whom I have worked to give EPIC representatives any and all information regarding me and my previous employment as noted under the employment history section of this application form. I release EPIC, and all previous employers and supervisor from liability for any damage that may result from furnishing information to EPIC.

9. I understand my employment and compensation can be terminated at any time, with or without cause and with or without notice, at the option of either the agency or myself per agency policies and procedures.

Signature Print Name Date

EQUAL OPPORTUNITY DATA

It is the policy of EPIC to provide equal opportunity in all terms, conditions, and privileges for employment for all qualified job applicants and employees without regard to race, religion, color, creed, national origin, gender, age, marital status. Vietnam era or disabled veteran status, or the presence of ay disability unless such disability effectively prevents the performance of the essential function required by the Equal Employment Opportunity Commission (EEOC), please complete the affirmative action data below.

**Providing this information will be kept confidential.**

Ethnic Category (Choose only one)

* White (not Hispanic origin) - those having origins in any of the original peoples of Europe, North Africa, or the Middle East
* Black (not Hispanic origin) - those having origins in any of the black racial groups of Africa
* Hispanic - those of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish cultures or origin regardless of race
* Asian or Pacific Islanders - those having origins in any of the original peoples of the Far East, Southwest Asian Indian Subcontinent Pacific Islands
* American Indian, Alaskan Native - those having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

Gender:  Male  Female

Age: Are you 40 years or age or older? Yes  No 

Veteran: Are you a veteran of the U.S. military service: Yes  No 

# ---------------------------------------------------------------------------------------------------

Name: Date:

How did you hear about this job opening (check appropriate boxes)?

* Friend  EPIC Employee
* Newspaper Ad  Website
* Organization or Group (Worksource)  Other