



Community Association for Preschool Education (CAPE, Inc.)
 3095 Independence Drive, Bldg. B, Suite A, Livermore CA 94551
 925.443-443-3434, FAX 925.443.9384

Employment Application

An Equal Opportunity Employer

Please Print

Last Name

First Name

Middle

Present Address

_____ - _____

No. & Street

City

State

Zip

Permanent Address (if different from present address)

_____ - _____

No. & Street

City

State

Zip

(____) _____
 Business Phone

(____) _____
 Home Phone

Position applying for: _____

Are you applying for:

Regular full-time work? Yes No

Regular part-time work? Yes No

What days and hours are you available for work?

If applying for temporary work, during what period of time will you be available?

From: _____ To: _____

If hired, on what date can you start work? __/__/__

Where did you learn about this position? _____

Personal Information

Have you ever applied to or worked for CAPE, Inc. before? Yes No

If yes, what position and when? _____

Have you ever worked with a Head Start or State Preschool Program before? Yes No

Do you have any friends or relatives working for CAPE, Inc. or the Board of Directors or on the Policy Committee? Yes No

If yes, state name(s) and relationship:

_____ Relationship

_____ Relationship

Why are you applying for work at CAPE, Inc ?

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you licensed to drive in California? Yes No

CA License number _____ Expiration date _____

Employees driving on agency business are required to maintain liability insurance as required by law. Proof in insurance and licensure will be required on a periodic basis.

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed.

Are you currently employed?..... Yes No

If so, may we contact your current employer? Yes No

Education, Training, and Experience

School	Name and Address	No. of years Completed	Did you Graduate?	Degree/Diploma # of units completed
High School	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College/ University	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Vocational/ Business	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Health Care Training	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Many of our customers (clients) do not speak English. Do you speak, write or understand any other languages?.....

Yes No

If yes, which language(s)?_____

Do you have any other experience, training, qualifications, or skills which you feel make you especially suited for work at CAPE, Inc.? Yes No

If so, please explain:

Answer the following questions if you are applying for a professional position:

Are you licensed/certified for the job applied for? Yes No

Name of license/certification: _____

Issuing state: _____

License/certification number _____

Has your license/certification ever been revoked or suspended? Yes No

If yes, state reason(s), date of revocation or suspension, and date of reinstatement.

Employment History

List below all present and past employment starting with your most recent employer. Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer (_____) Telephone No.

Type of Business Your Supervisor's Name

Address & Street City State Zip

Dates of Employment: ___/___/___ From ___/___/___ To

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Name of Employer (_____) Telephone No.

Type of Business Your Supervisor's Name

Address & Street City State Zip

Dates of Employment: ___/___/___ ___/___/___
From To

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Name of Employer (_____) Telephone No.

Type of Business Your Supervisor's Name

Address & Street City State Zip

Dates of Employment: ___/___/___ ___/___/___
From To

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Name of Employer (_____) Telephone No.

Type of Business Your Supervisor's Name

Address & Street City State Zip

Dates of Employment: ___/___/___ ___/___/___
From To

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Note: Attach additional page(s) if necessary.

Military Service

Have you obtained any special skills or abilities as the result of service in the military?
..... Yes No

If so, describe:

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

_____ (_____) _____
First Name Last Name Telephone No.

_____ - _____
Street Address City State Zip

_____ _____
Occupation No. of Years Acquainted

_____ (_____) _____
First Name Last Name Telephone No.

_____ - _____
Street Address City State Zip

_____ _____
Occupation No. of Years Acquainted

_____ (_____) _____
First Name Last Name Telephone No.

_____ - _____
Street Address City State Zip

_____ _____
Occupation No. of Years Acquainted

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize CAPE, Inc. to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the CAPE, Inc. designated representative.

_____ Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by CAPE, Inc. I am entitled to copies of any such public records obtained by CAPE, Inc. unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

_____ In consideration of my employment, I agree to conform to the rules and standards of the agency and agree that my employment can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the agency. I understand that no employee or representative of the agency other than the Board of Directors has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. The Board of Directors may not alter the at-will nature of the employment relationship unless it is done so specifically and in writing.

_____ I realize that I will be required to comply with the regulations contained in the State of California, Title 22, Division 12 pertaining to child day care licensing requirements.

_____ I also understand that all offers of employment are conditioned on the provisions of satisfactory proof of an applicant's identity and legal authority to work in the United States. I also understand that all offers of employment are conditioned on meeting the medical examination and finger printing requirements of the California Department of Social Services, Community Care Licensing and the State Department of Education.

Applicant's Signature

Applicant's Name (please print)

Date

APPLICANT SURVEY FORM

The U.S. Department of Health and Human Services, Administration for Children and Families requires the compilation of data designed to yield the race/ethnicity of the Child Development Staff. Completion of this form is voluntary. Information will be kept confidential to the extent provided for by law and will be processed separately from employment application. The data may be used for statistical purposes in the completion of reports required by Federal authority or Judicial processes. No other disclosures on an individual identifiable basis will be made.

Each applicant should fill out this form completely and indicate with which race/ethnic group he/she most closely identifies. Also, each applicant should indicate whether he/she is a Head Start parent. *This form will be filed separately from the Employment Application form.*

If an applicant fails to self-identify, another method of identification will be used by CAPE Inc. since the Department of Health and Human Services requires the collection of race/ethnic origin from all Child Development Staff.

Name Print) _____ Date

Position

[] **Head Start Parent** _____ **Current** _____ **Former** _____ **Non-Parent**

Race/Ethnic Category- Please check one of the following	Languages Spoken Fluently
<input type="checkbox"/> <u>American Indian or Alaska Native.</u> A person having origins in any of the original peoples of North and South America – who maintain tribal affiliation.	1. _____ _____
<input type="checkbox"/> <u>Asian/Pacific Islander.</u> A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent.	2. _____ _____
<input type="checkbox"/> <u>Black or African American.</u> A person having any origins in any of the Black racial groups of Africa.	3. _____ _____
<input type="checkbox"/> <u>Hispanic or Latino.</u> A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race.	4. _____ _____
<input type="checkbox"/> <u>Native Hawaiian or other Pacific Islander.</u> A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	_____
<input type="checkbox"/> <u>White.</u> A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.	National Origin _____
<input type="checkbox"/> <u>Biracial/Multi-Racial.</u> A person reporting two or more races.	Primary Language _____
<input type="checkbox"/> <u>Other.</u> A person reporting an ethnicity/race other than those listed. (Specify)	Secondary Language _____
<input type="checkbox"/> <u>Unspecified.</u>	_____

