Child Development Centers
Continuing Development Inc.

Employment Application

Name _____ Date _____
LAST *FIRST* *INITIAL*

Address _____
STREET

_____
CITY *STATE* *ZIP*

( ) _____ ( ) _____
HOME PHONE *DAYTIME/CELL PHONE*

_____
Email Address

Position Applied For: _____ **Location Preferred:** _____

Work Preferences:	**Hours**	**Availability?**
Full-time	40 hours / week	Yes No
Part-time	20-39 hours / week	Yes No
Part-time	15-19 hours / week	Yes No
Part-time	1-14 hours / week	Yes No
Substitute	no scheduled hours or on call	Yes No
Temporary work	e.g. summer or holiday work	Yes No

Work Shift Availability	**Mornings only**	**Afternoons only**	**Split Shift**	**Full Day**
Days Available (*circle all that apply*): **M T W TH F**	Yes No	Yes No	Yes No	Yes No

Other (Explain): _____

Age group preferred: Infant _____ Toddler _____ Preschool _____ School Age _____

How did you hear about CDI/CDC? _____

Many of our families/students do not speak English as a first language. Do you speak, write or read any foreign languages fluently? List below:

speak _____ write _____ read _____

How many units in Early Childhood Education/Child Development have you completed? _____Please attach a transcript.

EDUCATION

High School, College, Occupational, Professional School(s):

Name of School	Location	Major/Minor	# Units Completed	# Years Completed	Degree Received
High School / Equivalent					**Yes No GED**

Child Development Permit	**#**	**State**	**Expiration Date**

Experience

Please list employers (and volunteer experiences) in chronological order, with your present or last employer first. Be sure to account for all periods of time, including any period of unemployment. If self-employed, give the name of your company and provide business references. ***You must complete this section even if attaching a resume.*** If you need more space, please write on the back of this application.

Dates Employed Month/Year	Name of Employer/Location	Job Title	Duties	Start Pay	End Pay	Name of Supervisor	Reason for Leaving

Have you ever been terminated or asked to resign from a prior job? Yes No If yes, please explain:

_____

Please provide an explanation for any gaps in employment:

_____

Have you ever worked for CDI/CDC/CFC before? YES NO

If yes, last day of employment? _____ Location? _____

GENERAL INFORMATION

If hired, are you able to provide original documents proving your identity and legal eligibility to work in the U.S.? YES NO

Are you at least 18 years old? YES NO (Note: If under 18, hire is subject to verification that you are of the minimum age level to work and your employment may be restricted to specific positions).

If hired, would you have a reliable means of transportation to and from work? 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, please describe the functions that cannot be performed: _____

_____

(Note: We comply with the ADA and the FEHA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential job functions. If you are offered a position, you may be required to undergo a medical examination prior to beginning your employment with the Company.

Have you ever been convicted of a felony? YES NO If yes, state nature of the crime(s), when and where convicted, and disposition of the case on the attached Criminal Record Statement.

Have you been convicted of a misdemeanor in the past 7 years? YES NO If yes, state nature of the crime(s), when and where convicted, and disposition of the case on the attached Criminal Record Statement.

Have you been arrested any crime(s) for which you are currently out on bail or on your own recognizance pending trial? YES NO

Have you ever used a different name (i.e., legal name change, assumed name or nickname)? YES NO If yes, is any additional information relating to the name changed needed to verify your general background, work or educational record? If so, please explain below:

_____

_____

Please list up to three (3) former supervisors (or other individuals) for references:

Name: Employer:	Title:	Phone (Required):
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Child Development Inc. is committed to providing equal employment opportunities to all employees or applicants without regard to race, religion, color, sex, sexual orientation, gender identity, national origin, uniform service membership status, marital status, pregnancy, age, disability, medical condition, or any other protected status in accordance with local, state or federal laws.

I authorize investigation of all statements and information on this application. I further authorize all former employers, schools and persons listed or others to give CDI/CDC any and all information concerning my previous employment and any other pertinent information they may volunteer to provide to CDI/CDC. _____ (Initial)

If hired, I understand that my employment with CDI/CDC is "at-will" and can be terminated, with or without cause and with or without notice, at any time, at the option of either myself or the company. I further understand that in accordance with the at-will nature of the employment relationship CDI/CDC reserves the right, at any time, with or without notice, to alter or change job responsibilities or assign additional job duties.
_____ (Initial)

I agree to a post-offer pre-employment physical examination, if required by CDI/CDC or regulatory agency. CDI/CDC may also request further physical examinations after employment. Failure to pass or refusal to take any such examination shall be sufficient reason for CDI/CDC not to employ me or to terminate my employment. I understand CDI/CDC may require a drug test before hire, upon reasonable suspicion of drug use. Failure to submit to a timely drug testing will result in termination. _____ (Initial)

I understand that some positions within CDI/CDC are subject to criminal investigations by the California Department of Social Services (DSS), California Department of Justice (DOJ), and the Federal Bureau of Investigation (FBI). Employees working in child care centers and specific center management positions must submit fingerprints to the above named agencies. Failure to submit to fingerprinting, or if found to have any criminal conviction on this application does not necessarily preclude employment, but my employment is conditional pending the results of the background check by DSS, DOJ, and FBI, and may be grounds for termination. _____ (Initial)

I certify that the information in this application and resume (if one is attached) is true and correct and I understand that misrepresentation, omission of facts or falsification of this information will disqualify my application, or if hired will be cause for dismissal in accordance with the policies of CDI/CDC.

_____ _____

Applicant's Signature Date

This application will be considered active for a maximum of ninety (90) days. If you wish to be considered for employment after that time, you must reapply.

IDENTIFICATION SURVEY

Privacy Notification Statement
Completion of the Identification Survey assists CDI/CDC to meet its reporting obligations under various State and Federal laws. This information is for government reporting purposes only and will not be used to make employment decisions. There is no requirement that you complete this form; it is strictly voluntary. The information that you provide will be kept separate from your job application and subsequent personnel file (if applicable).

Section II

A. Race/Ethnicity:

☐ **American Indian or Alaskan Native:** (Not Hispanic or Latino) A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

☐ **Asian:** (Not Hispanic or Latino) A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ **Black or African American:** (Not Hispanic or Latino) A person having origins in any of the black racial groups of Africa.

☐ **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

☐ **Native Hawaiian or Other Pacific Islander:** (Not Hispanic or Latino) A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **White:** (Not Hispanic or Latino) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

☐ **Two or More Races:** A person self identified to be in any combination of the categories above.

☐ **I prefer not to provide this information.**

B. National Origin _____ ☐ **I prefer not to provide this information.**

C. Gender:

☐ Female ☐ Male ☐ **I prefer not to provide this information.**

D. Veteran Status:

Are you a Disabled Veteran? Yes No
(Are you a veteran entitled to compensation for a disability (rated 30% or More, or 20% in the case of a veteran who has a serious employment handicap) or person discharged from active duty because of a serious connected disability?)

Are you a Veteran of the Vietnam Era? Yes No
(Are you a veteran whose active military, naval, or air service was during the period August 5, 1964 through May 7, 1975, who served on active duty for more than 1 day and was discharged with other than a dishonorable discharge or because of service connected disability?)

Are you a Newly Separated Veteran? Yes No
(Are you a veteran who served on active duty in the U.S. Military, ground, naval or air service during the one-year period beginning on the date of such veteran's discharge or release from active duty?)

Are you an Other Protected Veteran? Yes No
(Are you a veteran who served on active duty in the U.S. Military ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, other than special disabled veterans or veterans of Vietnam era?)

Current Military Status: Active Inactive None

☐ **I prefer not to provide this information.**

_____ _____ _____
Applicant Name **Signature** **Date**

Criminal Record Disclosure

CDI/CDC policy and the California Health and Safety Code require a background check of all applicants, volunteers (under certain conditions) and employees of community care licensed child care facilities. The Child Abuse Central Index name check is an additional background check required for individuals associated to any facility that cares for children.

Applicants, volunteers and employees must disclose all convictions, including felonies and misdemeanors, other than a minor traffic violation (*DUI is not a minor traffic violation*). If a conviction is not disclosed and is later revealed, an employee may be terminated from their position at CDI/CDC.

The Background Check Process

When an individual submits fingerprints, the California Department of Justice (DOJ) conducts a background check. If the individual has no criminal history, DOJ will forward a clearance notice to the applicant or licensee and to Community Care Licensing, Caregiver Background Check Bureau (CBCB).

If the individual has a criminal history, DOJ will send a criminal record transcript to CBCB. The transcript will show arrests and convictions. CBCB staff will review the transcript and if the convictions are for crimes that may be exempted, CBCB will send an exemption notification letter to the applicant or licensee. The letter explains how to request an exemption and lists the documents/information that must be submitted to request an exemption. The individual may not be present in the facility until an exemption is granted by CBCB.

A conviction does not necessarily prevent an individual from being considered for employment at CDI/CDC. No applicant, volunteer or employee can work in a licensed child care facility until or unless a criminal record exemption is received from Community Care Licensing, Caregiver Background Check Bureau (CBCB). All convictions other than minor traffic violations (*DUI is not a minor traffic violation*), including misdemeanors, felonies and convictions that occurred a long time ago require a criminal record exemption.

The Department of Social Services is prohibited by law from granting exemptions to individuals convicted of certain crimes. Individuals convicted of serious crimes such as robbery, sexual battery, child abuse, elder or dependant adult abuse, rape, arson or kidnapping are not eligible for an exemption.

If you have questions, please contact Human Resources.

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 conficted of a crime in Califiornia or from 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 some one 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.