



Application for Employment

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):										
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 <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever filed an application with EPIC before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							
Have you ever worked for EPIC before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							
Are you a previous ECEAP or Head Start parent?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when							
Are you available to work	FT <input type="checkbox"/>	PT <input type="checkbox"/>	Shift <input type="checkbox"/>	Temporary <input type="checkbox"/>						
Have you ever been convicted of any crime or is there a criminal charge pending against you?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							
Do you own your own motor vehicle and state required insurance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			If no, do you have other means of transportation:					



Can you travel if a job requires it?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Do you have?	YES	NO	Date of completion	Expiration Date
First Aid Card	<input type="checkbox"/>	<input type="checkbox"/>		
CPR Card	<input type="checkbox"/>	<input type="checkbox"/>		
Food Handler's Card	<input type="checkbox"/>	<input type="checkbox"/>		
HIV/AIDS Certificate	<input type="checkbox"/>	<input type="checkbox"/>		
CDL (Commercial Driver's License)	<input type="checkbox"/>	<input type="checkbox"/>		
Portable Background Check	<input type="checkbox"/>	<input type="checkbox"/>		

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 <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College				Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Graduate Studies				Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Merit Training				Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other				Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	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
<i>EXAMPLES</i>			
<i>STARS</i>	<i>WA</i>	<i>176678</i>	<i>1/1/2018</i>
<i>BASIC CHILD DEV ASSOCIATE CERTIFICATION</i>	<i>WA</i>	<i>88888</i>	<i>1/1/2018</i>

Do you have any current restrictions on your license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain:
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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:

<input type="checkbox"/> 10 Key	<input type="checkbox"/> Fax	<input type="checkbox"/> Database	<input type="checkbox"/> Word Processing	<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> 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 reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>

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
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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 sex, 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 any 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
- Newspaper Ad
- Organization or Group (Worksource)
- EPIC Employee
- Website
- Other