

INSTRUCTIONS FOR COMPLETING APPLICATION

The following instructions apply to the application for employment with the Lewis-Clark Early Childhood Program, (*referred to hereafter as LCECP*). **Please read carefully and complete the application following the instructions on this checklist. Incomplete applications turned into LCECP will not be considered. If you have any questions, please call/talk to Nancy Fontaine at (208) 743-6573.**

Hearing Impaired applicants may contact the agency by phone using the state relay website at www.hamiltonrelay.com. Applicants may also contact us by emailing HR@LCECP.org.

Page 1

- **Completely** fill in your address and telephone numbers, Position applying for and the date.
- Answer questions 1-4 with a yes or no answer.
- Answer question 5

*Performance Standards, #45 CFR 1301..31, require that all individuals employed by LCECP undergo a Criminal Background Investigation looking at any Felony Convictions.

- Complete 7, including company if applicable (*Part C.*)

Page 2

- **Completely fill in the Education section including:** Type of License, Certification, and/or Degree with the **name** of institution, college/university, **dates of attendance**, and the **date** you received your license, certification or degree that is pertinent to the job description given to you (*i.e. CDL with a passenger endorsement, CDA, GED, AA in Child Development, BA in Early Childhood Education, Registered/Licensed Nurse or Dietician, etc.*)
- **Attach a current transcript.** All teaching, family advocate, and management positions require transcripts. We will request that you provide transcripts for other positions if necessary. You may submit an “unofficial transcript” rather than requesting an official copy sent directly to us from the institution.

Page 2 & 4

- **Completely fill in Employment/Volunteer Experience with requested information.** Please note that we are interested in jobs or volunteer experience that you have had in the past in the area(s) or field(s), which you are applying for at LCECP. Practicums, Student Teaching, Substituting, or volunteering in any capacity is of interest to us as well as paid experience.

Page 4

- Please read, initial/sign and date the bottom of page 4.

Voluntary Affirmative Action Questionnaire

This is a form we give to each applicant to show that we are actively seeking qualified candidates that will bring diversity to our work force. Your voluntary completion of this form will assist us in assessing our affirmative action program. This information will be used for statistical purposes as well as for implementing our affirmative action program. We appreciate you taking the time to fill out this form and returning it with your application. In accordance with Federal law and US Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. Thank You.

Please note: Salaries levels will be given upon request.

APPLICATION FOR EMPLOYMENT
Lewis-Clark Early Childhood Program
1805 19th Avenue
Lewiston, ID 83501
(208) 743-6573

- HEAD START - A Federally Funded Program
- Early Childhood Education and Assistance Program - A Washington State Funded Program
- Early Head Start - A Federally Funded Program

Notice: Lewis-Clark Early Childhood Program is an Equal Opportunity Employer. Please notify our receptionist if you need any accommodation or assistance with any part of our application process.

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number (s)					

Position(s) Applied For	Date of Application
-------------------------	---------------------

Applicants: In order to be considered for employment, this application must be completed entirely. Please remember to print clearly, read and initial/sign on the last page.

1. Are you or have you ever been a parent of any Head Start or Early Head Start or Lewis-Clark Early Childhood Program? λ Yes Λ No
2. Are you currently employed? Λ Yes Λ No
3. May we contact your present employer? Λ Yes Λ No
4. Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Λ Yes Λ No
Proof of citizenship or immigration status will be required upon employment.
5. Have you ever been convicted of a Felony? Λ Yes λ No
*Program Performance Standards require that all individuals employed by LCECP must undergo a Criminal Background Investigation, looking at Felony Convictions. Specific felony convictions prohibit employment in programs serving children.
6. A. Do you have a valid driver=s license? Λ Yes λ No
 B. Do you have access to an automobile to use if needed on the job? Λ Yes λ No
 C. Do you have liability insurance? Λ Yes λ No
 If Yes, with whom: _____

Education

License, Degree, Certification, etc.	Dates of Attendance	Where obtained:	Major/Minor (If applicable)	Dates of completion or validation
Describe Course of Study				
Describe any specialized training, apprenticeship, skills.				
State any additional information as it relates to this position which you feel may be helpful to us in considering your application.				

Employment History

This section must be completed entirely. **Do not substitute a resume for job experience, as we do not accept resumes.** List all work experience, paid or unpaid, beginning with your current or most recent job. **Include volunteer work as well as military experience that you feel would apply to the position you are seeking.**

Describe each job separately, emphasizing your specific tasks and any supervisory, technical or other responsibilities. Explain all breaks in continuous employment. If more space is needed, additional pages can be added.

PRESENT OR LAST POSITION

Employer	From (month) (year)
Address	To (month) (year)
Your title	Supervisor=s name and telephone
Duties/responsibilities (be specific)	Full-time ___ Part-time ___
	Hrs./Week (if varied, indicate avg.)
	Paid ___ Unpaid ___
	_____ per hour
	_____ per month
	_____ per year
Reason for leaving or for considering a change	Last yearly salary
	May we contact this employer?
	Yes ___ No ___

Address _____

Your title _____ Supervisor=s name and telephone _____

Duties/responsibilities (be specific) _____

Reason for leaving or for considering a change _____

To _____ (month) _____ (year)

Full-time ____ Part-time ____

Hrs./Week (if varied, indicate avg.) _____

Paid _____ Unpaid _____

_____ per hour

_____ per month

_____ per year

Last yearly salary _____

May we contact this employer?

Yes _____ No _____

Employer _____

Address _____

Your title _____ Supervisor=s name and telephone _____

Duties/responsibilities (be specific) _____

Reason for leaving or for considering a change _____

From _____ (month) _____ (year)

To _____ (month) _____ (year)

Full-time ____ Part-time ____

Hrs./Week (if varied, indicate avg.) _____

Paid _____ Unpaid _____

_____ per hour

_____ per month

_____ per year

Last yearly salary _____

May we contact this employer?

Yes _____ No _____

List ALL other positions you have held in the past ten years, beyond the three most recent ones. Attach additional sheets if necessary.

Employer	Address
Your title	Your Salary
Dates of employment	Reason for leaving

Employer _____ Address _____

Your title	Your Salary
Dates of employment	Reason for leaving

Employer	Address
Your title	Your Salary
Dates of employment	Reason for leaving

Employer	Address
Your title	Your Salary
Dates of employment	Reason for leaving

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION:

The Lewis-Clark Early Childhood Program is an equal opportunity employer in accordance with Federal law and U.S. Department of Agriculture policy and does not discriminate on the basis of gender, age, race and color, religion, marital status, national origin, disability or veteran status. _____ **Initial here**

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. _____ **Initial here**

I understand that, if selected, I will be required to provide proof of my identity and my legal right to work in the United States prior to actual employment with the Lewis Clark Early Childhood Program, failure to do so will result in immediate termination of my employment. _____ **Initial here**

I authorize all previous employers and supervisors, including all persons with and for whom I have worked, to give the Lewis-Clark Early Childhood Program representatives any and all information regarding me and my previous employment. I release the Lewis-Clark Early Childhood Program, and all previous employers and supervisors from liability for any damages that may result from furnishing information to the Lewis-Clark Early Childhood Program. _____ **Initial here**

In consideration of my employment, I agree to conform to the instructions, rules and policies of the Lewis-Clark Early Childhood Program. 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 program or myself. _____ **Initial here**

Signed

Date

APPLICANT REGISTER FORM

Lewis-Clark Early Childhood Program

Today's Date: _____

Job Title Applied For: _____

Affirmative	_____	Male	_____	Female
Action	_____	White	_____	Black
Information:	_____	Hispanic	_____	American Indian
	_____	Asian or Pacific Islander		

This Organization is an Equal Opportunity Employer. The information on this form is needed to comply with requirements for companies who are federal contractors and subcontractors. Although providing this information is voluntary, your cooperation is appreciated.