

CHILD DEVELOPMENT SERVICES

Mailing Address: 1802 Colorado Ave. Location: 200 Burshears
La Junta, CO 81050
PHONE: (719) 384-3100 FAX: (719) 384-1096

APPLICATION FOR EMPLOYMENT

APPLICATION MUST BE COMPLETED IN ITS ENTIRETY. RESUMES MAY BE SUBMITTED; HOWEVER ALL APPLICANTS ARE REQUIRED TO COMPLETE THE OFFICIAL APPLICATION FOR CONSIDERATION.

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT: Applicants are considered for positions for which they are applying without regard to race, color, religion, sex creed, national origin, age, marital or veteran status or the presence of a medical condition or handicap which would not prevent the applicant from properly performing the job if given reasonable accommodation by the employer.

APPLYING FOR POSITION: _____ CENTER: _____

NAME: _____
LAST FIRST MIDDLE INITIAL

TELEPHONE NUMBER: _____

ADDRESS: _____
CITY STATE ZIP

If above address is temporary

PERMANENT MAILING ADDRESS: _____
CITY STATE ZIP

EMAIL ADDRESS: _____

HOW DID YOU LEARN OF THIS POSITION? _____

.....
PAST C.D.S PARENT, VOLUNTEER OR EXPERIENCE IN HEAD START: _____

HAVE YOU BEEN EMPLOYED BY CDS BEFORE: ☐ YES ☐ NO

IF YES,

IN WHAT POSITION: _____ DATES: _____

Please check appropriate box

DO YOU SPEAK SPANISH?	Yes	☐	No	☐
READ SPANISH?	Yes	☐	No	☐
WRITE SPANISH?	Yes	☐	No	☐
DO YOU SPEAK ENGLISH?	Yes	☐	No	☐
READ ENGLISH?	Yes	☐	No	☐
WRITE ENGLISH?	Yes	☐	No	☐

WORK HISTORY

(List your entire work history including part-time, temporary, and volunteer jobs. List jobs in reverse order – starting with your present or last job. Be specific in listing job duties, attach additional sheet if needed.)

EMPLOYER: _____

ADDRESS: _____
CITY STATE ZIP

TELEPHONE NUMBER: _____

EMPLOYMENT DATES: FROM _____ TO: _____
Month Year Month Year

YOUR TITLE OR POSITION: _____ SUPERVISOR: _____

DUTIES: _____

HOURS PER WEEK: _____ YEARS ON JOB: _____ REASON FOR LEAVING: _____

EMPLOYER: _____

ADDRESS: _____
CITY STATE ZIP

TELEPHONE NUMBER: _____

EMPLOYMENT DATES: FROM _____ TO: _____
Month Year Month Year

YOUR TITLE OR POSITION: _____ SUPERVISOR: _____

DUTIES: _____

HOURS PER WEEK: _____ YEARS ON JOB: _____ REASON FOR LEAVING: _____

EMPLOYER: _____

ADDRESS: _____
CITY STATE ZIP

TELEPHONE NUMBER: _____

EMPLOYMENT DATES: FROM _____ TO: _____
Month Year Month Year

YOUR TITLE OR POSITION: _____ SUPERVISOR: _____

DUTIES: _____

HOURS PER WEEK: _____ YEARS ON JOB: _____ REASON FOR LEAVING: _____

WORK HISTORY continued

(List your entire work history including part-time, temporary, and volunteer jobs. List jobs in reverse order – starting with your present or last job. Be specific in listing job duties, attach additional sheet if needed.)

EMPLOYER: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____ TELEPHONE NUMBER: _____

EMPLOYMENT DATES: FROM _____ TO: _____
Month Year Month Year

YOUR TITLE OR POSITION: _____ SUPERVISOR: _____

DUTIES: _____

HOURS PER WEEK: _____ YEARS ON JOB: _____ REASON FOR LEAVING: _____

EMPLOYER: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____ TELEPHONE NUMBER: _____

EMPLOYMENT DATES: FROM _____ TO: _____
Month Year Month Year

YOUR TITLE OR POSITION: _____ SUPERVISOR: _____

DUTIES: _____

HOURS PER WEEK: _____ YEARS ON JOB: _____ REASON FOR LEAVING: _____

EMPLOYER: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____ TELEPHONE NUMBER: _____

EMPLOYMENT DATES: FROM _____ TO: _____
Month Year Month Year

YOUR TITLE OR POSITION: _____ SUPERVISOR: _____

DUTIES: _____

HOURS PER WEEK: _____ YEARS ON JOB: _____ REASON FOR LEAVING: _____

EDUCATION & TRAINING

EDUCATION (Circle last grade completed) 5 6 7 8 9 10 11 12 13 14 15 16 17 18

NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED: _____

GRADUATED? _____ YES _____ NO GED CERTIFICATE: _____

GED CERTIFICATE ISSUED BY _____

NAME & LOCATION COLLEGE OR UNIVERSITY	MAJOR	MINOR		CREDIT HOURS	DEGREE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

OTHER SCHOOLS OR TRAINING, PROFESSIONAL LICENSES, CERTIFICATES, WORKSHOPS ATTENDED
(Trade, Vocational, Armed Forces): _____

SPECIAL QUALIFICATIONS OR SKILLS (Typing, shorthand, office machines, honors, awards):

Please write a brief statement explaining why you would like to work for an organization that serves young children.

What contribution can you personally make to Child Development Services?

DECLARATION:

Answer items 1 through 11 by placing an "X" in the proper column.

- | | | |
|---|------------------------------|-----------------------------|
| 1. Have you been convicted of any felony violations against the law (excluding minor traffic violations)? | ☐ Yes | ☐ No |
| 2. Have you been convicted of any criminal charges against children? | ☐ Yes | ☐ No |
| 3. Have you been convicted of child abuse/neglect? | ☐ Yes | ☐ No |
| 4. Have you been convicted of any violent felonies? | ☐ Yes | ☐ No |
| 5. Have you ever been convicted of attempted sexual molestation of a child? | ☐ Yes | ☐ No |
| 6. Have you ever been civilly sued concerning child abuse or neglect? | ☐ Yes | ☐ No |
| 7. Have you ever been suspended, dismissed or asked to resign a position in the past 10 years? | ☐ Yes | ☐ No |
| 8. Do you have the legal right to work in the U.S.A.? | ☐ Yes | ☐ No |
| 9. Have you ever failed or refused to fulfill an employment contract? | ☐ Yes | ☐ No |
| 10. Are you presently employed? | ☐ Yes | ☐ No |
| 11. If so, may we inquire of your present employer? | ☐ Yes | ☐ No |

If you answered yes to any of questions 1 through 7 or 9 of the above declarations, please explain, including date, charge, place, court and action taken.

I have completed the above statements with the knowledge and understanding that any or all items herein may be subject to investigation. I give Child Development Services permission to verify any information regarding these declarations, and understand that should investigation at any time disclose misrepresentation or falsification that I may be dismissed from my employment. I also understand that this information will be kept confidential.

SIGNATURE

DATE

SAFETY SENSITIVE PERSONNEL ONLY
(i.e. Bus Drivers, Mechanics, Bus Inspectors)

I understand my employment is contingent upon pre-employment drug testing and driver's license background review. I understand that if hired I must undergo 40 hours of pre-service training as required by Head Start Performance Standards which is provided by Otero College CDS. I give Otero College CDS authorization to conduct driver's license review and verify my eligibility to operate a motor vehicle.

SIGNATURE

DATE

REFERENCES

List three people who are not related to you and who have specific knowledge of your qualifications.

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NAME

COMPLETE ADDRESS

TELEPHONE

--	--	--

NAME

COMPLETE ADDRESS

TELEPHONE

--	--	--

NAME

COMPLETE ADDRESS

TELEPHONE

IMPORTANT, READ BEFORE SIGNING

I certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I understand and agree that I shall be subject to immediate dismissal from employment if investigation at any time discloses such misrepresentation or falsification, my application may be rejected, my name removed from register, and be disqualified from applying in the future for any position under the jurisdiction of Otero College. I understand my statements are submitted under penalty of perjury and understand the penalty for making false statements. "Any applicant who knowingly or willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in section 18-8-503, C.R.S., and, upon conviction thereof, shall be punished accordingly."

I understand that nothing contained in the Application for Employment, or in the granting of an interview, in any way implies that I will be employed. I understand that if I am hired, I will be required to provide Otero College CDS with proof of my identity and of my eligibility for employment in the United States. If hired, I understand, my employment will be contingent on my name clearing the State Automated System for Child Protection and CBI or FBI Background Investigation.

I authorize investigation of all statements and matters contained in this application which Otero College Child Development Services may deem relevant to my employment; and authorize all my previous employers or other persons having information concerning me or my record to report such information to Otero College CDS. I release each such person from all claims or liabilities whatsoever on account of making such inquiry or making such disclosures whether favorable or unfavorable. I give Child Development Services permission to verify any information regarding application. I believe that I am qualified to perform the duties of the job classification for which this application is submitted.

SIGNATURE

DATE