

CCS EARLY LEARNING

Making a Difference in the Lives and Families of Young Children within our Communities

EMPLOYMENT APPLICATION

Instructions : Please type or print legibly in ink. Complete all sections even if you are submitting a resume. An incomplete application may affect your eligibility.						
GENERAL INFORMATION						
Applicant Name:						
Position Applying For:		Center/Location of Interest:				
Physical Address:						
Street			City	State Zip		
Email		Primary Phone	Seco	ondary Phone		
Were you a past CCS or Head Start Child?		Are you a past or current CCS or Head Start Parent?				
How did you hear about this vacancy? (<i>referral name if applicable</i>) When would you be available for work?						
unrestricted basis?		Are you over the age	e of 18? Are y	/ou over the age of 21?]Yes ີ No		
Have you ever been <u>convicted</u> of a felony or a misdemeanor? Have you ever been <u>charged with</u> or <u>investigated for</u> a felony crime, crime of violence, child abuse or neglect, or a sex crime? Yes No Conviction or charges will not necessarily disqualify an applicant for employment. If yes, describe details:						
If valid driver's license is listed as required on the job announcement, please answer the following: Do you have a valid Driver's License?						
Are you employed r	now? 🗌 Yes 🗌 No	May we con	May we contact your present employer? Yes No			
EDUCATION						
EDUCATION	NAME OF SCHOOL	GRADUATED	MAJOR	TYPE OF DEGREE		
High School/GED		Yes No				
University		Yes No				
University		🗌 Yes 🗌 No				
Do you have a current CDA? Yes No If yes, list type:						
Other Education/Certifications/Licenses/Credentials:						
PROFESSIONAL REFERENCES Please list four people not related to you that know you through work, school, and/or volunteering.						
Name Email Ac				Phone Number		
THE ABOVE FIELD IS A REQUIREMENT FOR HIRE – DO NOT LEAVE IT BLANK						

WORK HISTORY					
Name Dates Employed (mm/yy)					
	Reason for Leaving				
To:					
Hours per Week	Salary				
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Dates Employed (mm/yy)	Reason for Leaving				
From:					
То:					
	Salary				
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Dates Employed (mm/yy)	Reason for Leaving				
From:					
Hours per Week	Salary				
	\$ per				
Dates Employed (mm/yy) From:	Reason for Leaving				
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APPLICANT'S CERTIFICATION AND AGREEMENT

I understand and agree that:

- The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, such as benefits application forms, or during any interviews, can be justification of refusal of employment, or if employed, termination of employment.
- Employment at CCS is "at-will," which means that either CCS or I can terminate the employment • relationship at any time, with or without prior notice, and for any reason not prohibited by statute or other laws. All employment is continued on that basis. I understand that no supervisor, manager or executive of CCS has any authority to alter this.
- Any offer of employment I may receive is contingent upon the agency determining that I have successfully completed the pre- or post-employment screening process, including but not limited to references, criminal background check, and medical examination.
- In processing my application for employment, the agency may verify all the information provided by me, or may procure or have prepared an investigative report for this purpose concerning my prior employment, military record, education, character, general reputation, driving record, and criminal record. I freely and voluntarily give my consent to CCS to examine the results of any information required for employment. My consent does not authorize CCS to disclose the nature of my criminal record, if any, to any person for any purpose other than enforcement the regulatory requirements for employment.
- I authorize and request that all of my present and former employers and those individuals that I have listed as personal references furnish information about my employment record, including a statement of the reason for termination of my employment, work performance, abilities and qualities pertinent to my qualifications for employment, hereby releasing them and CCS and their employees from any and all liability for damages arising from furnishing or receiving the requested information.

Applicant Signature: _____ Date: _____

Thank you for your interest in for CCS Early Learning!

Please return completed your application to Human Resources:

humanresources@ccsalaska.org

2060 E. Industrial Dr. Wasilla, AK 99654

Fax: 907-373-7020

CCS provides equal opportunity employment and advancement without regard to race, color, national origin, religion, sex, age, marital status, sexual orientation, genetics, disability or any other consideration made unlawful by federal, state or local laws. Applicants who need a special accommodation should contact Human Resources.



