



All applications must be complete and submitted by the closing deadline to be considered for employment:

Include the following to ensure your packet is complete

- Complete and Sign Employment Application
- Complete and sign Authorization to Release Confidential Information
- Complete and sign Criminal Record Statement
- Resume
- Transcripts if required, (refer to job description) Unofficial transcripts are acceptable
- Copies of degree(s), (refer to job description)
- Other certifications or documentation
- Other: Please List

KINGS COMMUNITY ACTION ORGANIZATION

1130 N 11th Ave, Hanford, CA 93230-5901

Phone: (559) 582-4386 FAX (559) 582-4308

EMPLOYMENT APPLICATION

KCAO IS AN EQUAL OPPORTUNITY /AFFERMATIVE ACTION EMPLOYER

Applications must be complete to be considered for employment

POSITION APPLYING FOR: _____ **IN-HOUSE APPLICANT:** _____

PLEASE PRINT CLEARLY: _____ **GENERAL PUBLIC:** _____

LAST NAME _____ **FIRST** _____ **MIDDLE** _____

MAILING ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

TELEPHONE NUMBER _____ **OTHER TEL. NO. WE MAY CALL TO REACH YOU REGARDING THIS APPLICATION** _____

How long have you lived at your present address? _____ How long in this area? _____

Have you worked for us before? _____ If yes, when? _____ What position? _____

How did you learn of this position? _____

Do you desire: *Full-Time Work?* _____; *Part-Time work?* _____ If hired, when can you begin working? _____

Do you have reliable transportation? (*Only applies if this is a job requirement*) _____ Do you have a Driver's License? _____

Automobile Insurance? _____ Insurance Company: _____ (*If applicable, DMV Printout will be required*)

Have you ever been convicted of a felony? YES _____ NO _____

Other than English, what languages do you speak? (*Only applies if this is a job requirement*) _____

How many ECE Units do you currently have? (Transcripts are required) _____

EDUCATIONAL BACKGROUND

(If hired, verification of education will be required)

Highest level completed _____ Degree or certifications attained _____ / Field of Study _____

High School _____

College _____

Post Graduate _____

List other certifications acquired: _____
(i.e: GED equivalency, vocational, business)

Schools or Colleges attended (List the most recent first): _____ How long? _____

_____ How long? _____

_____ How long? _____

_____ How long? _____

PROFESSIONAL REFERENCES: (List a minimum of three)

<u>NAME</u>	<u>OCCUPATION</u>	<u>ADDRESS</u>	<u>PHONE #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FOR THOSE APPLYING FOR CLERICAL POSITION: Computer _____
(List type of computer & computer programs)

Keyboard Skills: Y/ N _____ WPM (Typing Certificate Must Be Attached) Copier Y/ N Fax Y/ N

Other technical skills: _____

SELECTION PROCESS

Applications will be reviewed by a screening committee for satisfaction of minimum qualification standards. Those applicants evidencing the best qualifications will be invited for a panel interview evaluation. If applicable, testing will be required. Successful candidate must submit proof of education.

I HEREBY CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSIFIED STATEMENTS ON THIS APPLICATION WILL, IF I AM HIRED, BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL. I ALSO UNDERSTAND THAT CONTINUED EMPLOYMENT IS CONTINGENT UPON MEETING ALL KCAO HIRING REQUIREMENTS.

Signature of Applicant

Date

APPLICANTS ARE ENCOURAGED TO SUBMIT RESUMES. HOWEVER, RESUME WILL NOT BE ACCEPTED IN LIEU OF OFFICIAL KCAO APPLICATION. A SEPARATE APPLICATION MUST BE FILED FOR EACH POSITION. NO POSTMARKS WILL BE ACCEPTED.

PROOF OF U. S. CITIZENSHIP OR LEGAL EMPLOYMENT AUTHORIZATION WILL BE REQUIRED PRIOR TO ANY OFFER OF EMPLOYMENT DUE TO REQUIREMENTS OF IMMIGRATION & NATURALIZATION SERVICE.

KCAO IS AN EQUAL OPPORTUNITY EMPLOYER AND MAKES EMPLOYMENT DECISIONS ON THE BASIS OF MERIT. KCAO POLICY PROHIBITS UNLAWFUL DISCRIMINATION BASED ON RACE, COLOR, CREED, SEX, RELIGION, MARITAL STATUS, AGE, NATIONAL ORIGIN OR ANCESTRY, PHYSICAL OR MENTAL DISABILITY, MEDICAL CONDITION, SEXUAL ORIENTATION, OR ANY OTHER CONSIDERATION MADE UNLAWFUL BY FEDERAL, STATE OR LOCAL LAWS. SHOULD ANY APPLICANT REQUIRE REASONABLE ACCOMODATION, PLEASE NOTIFY HUMAN RESOURCES AT (559) 415-7213.

Kings Community Action Organization (KCAO) is a community-based organization established in 1965 pursuant to the federal legislation "Economic Opportunity Act of 1964". It was part of the President's declaration of "War on Poverty". KCAO is one of a thousand agencies established in communities across the country. It is a locally controlled private non-profit corporation governed by a broadly-based board of directors.

The mission of KCAO has been to identify the causes of poverty in Kings County and to develop strategies to alleviate them. Included among the services we provide are: child abuse prevention/abduction prevention, child care, domestic violence intervention/prevention, sexual assault prevention, emergency food and shelter, head start, migrant head start, resource & referral, transitional housing, adolescent services.

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

I hereby authorize Kings Community Action Organization (KCAO) to make whatever contacts deemed necessary to perform an inquiry into my employment background with my former employers.

CHECK ONE:

- I prefer that KCAO include my present employer.
- I prefer that KCAO NOT include my present employer.

I further authorize KCAO to verify information I have given regarding my educational/academic background.

In addition, I authorize KCAO to communicate with relevant individuals who have personal knowledge of me and my qualifications.

Therefore, I authorize release to KCAO of all confidential records and information concerning me from previous employers or school officials which could have a bearing on my eligibility for employment with KCAO. I understand that all such inquiries will be confined to job-relevant matters and will be held in strictest confidence.

Should my employment with KCAO necessitate driving my own or an agency vehicle, I will submit a copy of my driving record to the agency, such information being obtainable from the local office of the State Department of Motor Vehicles, or from any comparable out-of-state agency, if applicable.

Copies of signed release are as valid as the original.

This authorization shall expire on _____.

Signature of applicant

Date

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 convicted of a crime in California 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.