



Child Development Resources is an Affirmative Action/Equal Employment Opportunity Employer. No question on this application is used for the purpose of discriminating, limiting, or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

RESUMES MAY BE ATTACHED BUT MAY NOT SUBSTITUTE THIS FORM

Applying for Position(s) of:			
Enter your first, middle, and last name exactly as it appears on your social security card.			Date of Application
First	Middle	Last	
Street Address		Mobile #	Home or Msg. #
City	State	Zip	E-mail Address
Social Security # (Voluntary disclosure at this time)		CA Driver License & Class or ID #	Minimum Salary /Wage Accepted

Do you have an automobile with insurance? YES NO *Proof of Insurance may be required, depending on position.*
 Are you legally eligible to work in the USA? YES NO *Proof will be required if hired.*
 Any relatives employed with CDR? YES NO If yes, relative's name: _____ Relationship: _____
 Are you a former or current parent of a child enrolled in the Ventura County Head Start Program? YES NO
 If yes, name of Ventura County Head Start center where child(ren) enrolled _____ Year Enrolled: _____
 I am available to work (check all that apply): Part-Time Full-Time Temporary Up to _____ hours per week.
 I am willing to work **ONLY** in the following areas of Ventura County: Check box(es): Camarillo Fillmore Ojai
 Oxnard/Hueneme Santa Paula Simi Valley Thousand Oaks Ventura

PLEASE LIST EMPLOYMENT HISTORY BELOW FOR THE PAST 10 YEARS STARTING WITH CURRENT/ MOST RECENT

CURRENT/LAST POSITION: _____ From: (Mo/Yr) _____ to (Mo/Yr) _____ Employer: _____ Address: _____ Telephone Number: _____ Supervisor: _____ Reason for leaving or wanting to leave: _____	Duties Performed:
PREVIOUS POSITION: _____ From: (Mo/Yr) _____ to (Mo/Yr) _____ Employer: _____ Address: _____ Telephone Number: _____ Supervisor: _____ Reason for leaving: _____	Duties Performed:
PREVIOUS POSITION: _____ From: (Mo/Yr) _____ to (Mo/Yr) _____ Employer: _____ Address: _____ Telephone Number: _____ Supervisor: _____ Reason for leaving: _____	Duties Performed:
PREVIOUS POSITION: _____ From: (Mo/Yr) _____ to (Mo/Yr) _____ Employer: _____ Address: _____ Telephone Number: _____ Supervisor: _____ Reason for leaving: _____	Duties Performed:

May we contact the above employers? YES NO - Explain Below All except: _____

Why not: _____

EDUCATION AND TRAINING

NOTE: Please attach copies of any degrees.

School	Name and Location (City/State)	No. of years completed	Did you graduate?	Degree(s)	Major
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma <input type="checkbox"/> GED <input type="checkbox"/>	
College(s) University			Yes <input type="checkbox"/> No <input type="checkbox"/>	AA <input type="checkbox"/> AS <input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> Other _____	
Other Certifications					

SKILLS/ABILITIES

In what language(s) are you **FLUENT**? **English:** Speak Read Write **Spanish:** Speak Read Write

Other Language(s): _____ Typing (net wpm) _____ Ten Key By Sight By Touch

With what computer programs and/or software are you knowledgeable and experienced? _____

Other skills/abilities: _____

What are your career goals? _____

PERSONAL EMPLOYMENT REFERENCES

PLEASE LIST THREE PERSONS, NOT RELATED TO YOU, WHO HAVE KNOWLEDGE OF YOUR PERSON, WORK ETHIC, AND/OR JOB QUALIFICATIONS.

1.	NAME	OCCUPATION	TELEPHONE
2.	NAME	OCCUPATION	TELEPHONE
3.	NAME	OCCUPATION	TELEPHONE

HOW DID YOU LEARN OF THIS POSITION?

Job Announcement Flyer · Advertisement (*specify source*) _____

CDR Website · A Friend or Relative Other (*specify*) _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements may result in dismissal, regardless of the time elapsed before discovery. I hereby authorize CDR, by signing below, to make an investigation of any facts and all references set forth in this application. I hereby release CDR from liability and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. I further understand that all persons considered for a position in the Head Start Program or one that requires frequent and routine contact with children will be required to undergo a state and federal criminal record clearance prior to and as a condition of employment. ***I also understand that qualified current or former Head Start parent candidates shall receive priority when filling a Head Start position.***

APPLICATION MUST BE COMPLETE, SIGNED, AND DATED TO BE CONSIDERED.

APPLICANT'S SIGNATURE

DATE

CHILD DEVELOPMENT RESOURCES

RELEASE OF DRIVER RECORD INFORMATION AUTHORIZATION FORM

It is the policy of **CHILD DEVELOPMENT RESOURCES** to review the driving record of every prospective employee and/or current employee that operates a company owned and/or personal vehicle while conducting company business. Furthermore, all employees required to drive for business purposes will be enrolled in the Employer Pull Notice (EPN) program.

Driving record reports will be obtained through the EPN program and reviewed prior to or soon after hire, annually or when any subsequent conviction, failure to appear, accident, drivers license suspension, revocation, or any other action is taken against an employee's driving privilege during the course of employment. Potential new hires or current employees with unfavorable driving records as defined in the General Underwriting Guidelines of CDR's Insurance Carrier will be subject to the following options:

- May not be considered for hire if considered a safety risk.
- May not be permitted to operate company vehicles or personal vehicles to perform company business.
- May be required to include CDR as an insured party on their personal Automobile Insurance policy.
- May be terminated if non-driving positions, for which the employee is qualified, are not available.

My signature below authorizes the California Department of Motor Vehicles (DMV) to disclose or otherwise make available my driving record to Child Development Resources of Ventura County, Inc. in an effort to promote driver safety and to determine my eligibility as a licensed driver for my employment. This authorization is in accordance with the Fair Credit Reporting Act and Driver's Privacy Protection Act. In addition, my signature below indicates that I understand and agree with the above options as defined by CDR's Insurance Carrier General Underwriting Guidelines should my driver record be classified as unfavorable at any time before or during my employment with CDR.

PRINT NAME

SIGNATURE

DATE

FOR HR DEPT USE ONLY

I, Joe Jimenez Curiel, of Child Development Resources do hereby certify under penalty of perjury under the laws of the State of California, that I am an authorized representative of this company, that the information contained in this document is true and correct to the best of my knowledge and that CDR is requesting driver record information on the above individual to verify the information as provided by said individual. This record is to be used by this employer in the normal course of business and as a legitimate business need to verify information relating to a driving position not mandated pursuant to CVC Section 1808.1. The information received will not be used for any unlawful purpose. I understand that if I have provided false information, I and CDR may be subject to prosecution for perjury per (Penal Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five thousand (\$5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to CVC Sections 1808.45 and 1808.46.



Signature of Authorized HR Representative

CHILD DEVELOPMENT RESOURCES

DISCLOSURE/AUTHORIZATION INVESTIGATIVE FORM

In connection with employment opportunities, Child Development Resources may request investigative information from various federal, state, and other agencies, including public and private sources which maintain public records concerning your past activities relating to your driving record, criminal record, civil matters, previous employment, educational background and professional licensing, if any.

AUTHORIZATION:

I authorize CDR to obtain any necessary investigative information needed, and I acknowledge that a fax or copy of this Disclosure/Authorization Form bearing my signature shall be as valid as the original. This authorization is valid for all federal, state, county, local agencies and authorities and any consumer information requested at any time during the tenure of my employment with CDR.

Print Name _____ Soc. Sec. No. _____

Current Address _____

City _____ State _____ Zip _____

DL # _____ State _____

Applicant Signature _____ Date _____

APPLICANT RIGHTS:

I have a right to obtain or to reject a copy of any investigative information obtained by Child Development Resources by checking the appropriate box provided below. Information will be provided to me within seven business days after CDR HR Department, receives the information.

I request to receive a free copy of investigative information by checking this box