

# Okanogan County Child Development Association

Phone: (509) 826-2466  
Toll Free: 1(800) 834-2466  
Fax: (509) 826-3829

127 N Juniper St  
Omak WA 98841

## \*\*\*EMPLOYMENT APPLICATION\*\*\*

### PRINT APPLICATION AS 1-SIDED COPIES ONLY

**You must complete all 5 pages of this application, including a resumé and cover letter.**  
**Attach copies of proof of education, transcripts, certificates and job required certifications.**  
(Separate application for each position required/photo copies of completed applications are acceptable.)

**Job Title/Position:** (do not leave blank) \_\_\_\_\_ **Location:** \_\_\_\_\_

## PERSONAL DATA

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Best time to contact you? \_\_\_\_\_

- Have you ever been employed by OCCDA?  Yes  No  
If Yes, in what Position? \_\_\_\_\_
- Have you submitted an application here before?  Yes  No
- Are you related to a current OCCDA Policy Council or Board member?  Yes  No
- Are you related to a current OCCDA employee?  Yes  No  
If yes, provide name of relative: \_\_\_\_\_
- Can you provide proof that you are legally eligible for employment in this country?  Yes  No
- Date available to begin employment? \_\_\_\_\_

How did you hear about the position?  Newspaper  Word of Mouth  WorkSource  
Are you interested in  Full Time  Part Time  Either Full or Part Time  On-Call

### SPECIAL SKILLS and CERTIFICATIONS

Foreign Languages:

\_\_\_\_\_

Read  Write

Select Foreign Language Beginning   
Proficiency Level Intermediate   
Advanced

Valid WA Driver's License Yes  No   
CPR/First Aid Yes  No   
Food Handler's Card Yes  No   
Current Negative T. B. Test Yes  No

### COMPUTER SKILLS

Software/Program Knowledge

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-mail Level Beginning   
Intermediate   
Advanced

Internet Beginning   
Intermediate   
Advance

Other \_\_\_\_\_

**EDUCATION**

Do you have a high school diploma or GED?     Yes     No

Circle highest year completed in school: 9 10 11 12 13 14 15 16 17 18

List Colleges, Nursing, Military, Trades, Business or other schools attended. Transcripts and/or diplomas may be required for some positions (Teacher applications require transcripts.)

Name & Location of School	Course of Study	Credits Earned	Graduated	Degree	Certification

Additional Information: List any Certifications, Professional, Business, or Trade affiliations and Offices held:

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<b>Name and Address of Employer:</b>		Supervisor's Name & Telephone:	
		May we contact for reference <input type="checkbox"/> Yes <input type="checkbox"/> No	
Your Title:		Type of Work performed and job responsibilities:	
From: Mo & Yr	To: Mo & Yr		
Hours per Week: _____		Reason for Leaving:	
Pay: _____			
Begin: _____ End: _____			

<b>Name and Address of Employer:</b>		Supervisor's Name & Telephone:	
		May we contact for reference <input type="checkbox"/> Yes <input type="checkbox"/> No	
Your Title:		Type of Work performed and job responsibilities:	
From: Mo & Yr	To: Mo & Yr		
Hours per Week: _____		Reason for Leaving:	
Pay: _____			
Begin: _____ End: _____			

<b>Name and Address of Employer:</b>		Supervisor's Name & Telephone:	
		May we contact for reference <input type="checkbox"/> Yes <input type="checkbox"/> No	
Your Title:		Type of Work performed and job responsibilities:	
From: Mo & Yr	To: Mo & Yr		
Hours per Week: _____		Reason for Leaving:	
Pay: _____			
Begin: _____ End: _____			

Please explain any gaps in employment:

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**BUSINESS REFERENCES**

Please list at least three Business work related references who have first-hand knowledge of your skills and abilities.

Name	Relationship	Telephone

**PERSONAL REFERENCES**

Please list at least three references other than family members or domestic partners who have first-hand knowledge of your ability, character, and personality.

Name	Relationship	Telephone

**OTHER INFORMATION**

Have you ever pled guilty, or no contest to, or been convicted of a misdemeanor or felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please give the date(s) and details:		
<hr/>		
Have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please give the date(s) and details:		
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Individuals who declare, through this form, that they have been arrested, charged with or convicted of any of the offenses listed above are not automatically disqualified from being hired. Head Start agencies must review each case to assess the relevance of an arrest, charge or conviction to a hiring decision.

**ADDITIONAL INFORMATION**

Please provide any additional information you wish to include in your application.

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# Okanogan County Child Development Association

Phone (509) 826-2466  
Fax (509) 826-3829

P.O. Box 1844  
101 W 4<sup>th</sup> Avenue  
Omak, Washington 98841

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## An EEO Employer

OCCDA is an equal opportunity employer. Our agency does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status, veteran status, disability, or any other protected classification.

1. I understand that documentation of employment eligibility for compliance with the U.S. Immigration Control and Reform Act is required at the time of hire.
2. I understand that a Criminal Background Check is required prior to an offer of employment and renewed every two years.
3. I understand that employment with OCCDA is contingent upon final approval by the OCCDA Parent Policy Council.
4. I certify that the information contained in this application is correct to the best of my knowledge, and I understand that falsifications and/or omissions in any detail are grounds for disqualification from consideration for employment or if hired for dismissal from employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

I understand that consideration for employment is contingent on the results of a reference and background check. I authorize OCCDA to investigate the truthfulness of all statements made on this application and to contact my former employers, other listed references or any other persons who can verify information.

I further authorize OCCDA to discuss the results of any investigation with the OCCDA Hiring Committee who are involved in the hiring process. I further authorize all contacted persons and former employers to provide information concerning this application, past work experience, my background and suitability of employment and I release each such persons and former employers of liability for providing such information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

OKANOGAN COUNTY CHILD DEVELOPMENT ASSOCIATION  
PO BOX 1844  
OMAK, WA 98841

APPLICANT/EMPLOYEE DISCLOSURE FORM

(Pursuant to Chapter 486, Laws of 1987)

Answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided at the bottom of the form, indicating the charge or finding, the date and the court(s) involved.

1. Have you ever been convicted of any crimes against children or other persons?  YES  NO
2. Have you ever been convicted of crimes relating to financial exploitation if the victim was a vulnerable adult?  YES  NO
3. Have you ever been convicted of crimes related to drugs as defined in RCW 43.43.830?  YES  NO
4. Have you ever been found in any dependency action under RCW 13.34.030(2)(b) to have sexually assaulted or exploited any minor; or to have physically abused any minor?  YES  NO
5. Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?  YES  NO
6. Have you ever been found in any disciplinary board final decision to have sexually abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult?  YES  NO
7. Have you ever been found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult?  YES  NO

Explain any YES by indicating question number:

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Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I further understand that a criminal background check will be conducted through WATCH (Washington Access to Criminal History). A conviction will not necessarily bar you from employment but will be considered on a case by case basis.

Applicant/Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

AN EQUAL OPPORTUNITY EMPLOYER

## EQUAL EMPLOYMENT OPPORTUNITY (EEO) VOLUNTARY SELF-IDENTIFICATION FORM

Qualified applicants are considered for employment without regard to race, religion, sex, national origin, age, marital status, sexual orientation veteran status, disability, or other protected characteristics.

OCCDA is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, OCCDA invites you to voluntarily self-identify your race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

**This form will be kept in a confidential file separate from your application for employment.**

Name (Last, First MI): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Date Applied: \_\_\_\_\_

**Gender Identification (check one):**     Female             Male

**Race/Ethnic Identification (check one):**

**Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

If you did not check “Hispanic or Latino” above, please select one of the following race/ethnic identifications.

**White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Black or African American (Not Hispanic or Latino)** – A person not having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origin in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinents, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**American Indian or Alaska Native (Not Hispanic or Latino)** – a person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

**Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

**Veteran Status (check one):**     Vietnam Era Veteran     Special Disabled Veteran     Other Protected Veteran     Recently Separated Veteran     Armed Forces Service Medal Veteran

**Decline Self - Identification**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date