

# OPTIONS

A CHILD CARE AND HUMAN SERVICES AGENCY

## Employment Application

DATE \_\_\_\_\_

DIVISION(S) \_\_\_\_\_

REFERRED BY \_\_\_\_\_

PLEASE TYPE OR PRINT IN INK

NAME	LAST-FIRST-MIDDLE	POSITION APPLIED FOR
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STREET ADDRESS	CITY-STATE- ZIP CODE	TELEPHONE
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DO YOU DESIRE FULL TIME  OR PART TIME  EMPLOYMENT? WHICH DAYS CAN YOU WORK? M  TU  W  TH  F  S  SU

### EDUCATIONAL DATA

HIGH SCHOOL GRADE COMPLETED: 9  10  11  12  DID YOU GRADUATE? YES  NO

NAME OF TECHNICAL SCHOOL, COLLEGE, UNIVERSITY	ADDRESS OF SCHOOL CITY AND STATE	YEARS COMP.	DEGREE/MAJOR	YEAR GRADUATED?

CAN YOUR READ, WRITE OR SPEAK ANY FOREIGN LANGUAGE FLUENTLY? YES  NO  IF SO, PLEASE LIST \_\_\_\_\_

ARE YOU UNDER 18 YEARS OF AGE? YES  NO  IF YES, CAN YOU PROVIDE A WORK PERMIT? YES  NO   
DO YOU HAVE THE LEGAL RIGHT TO BE EMPLOYED IN THE U.S.? YES  NO  IF YES, CAN YOU PRODUCE PROOF OF YOUR RIGHT TO BE EMPLOYED WITHIN 3 DAYS OF HIRE? YES  NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES  NO   
IF YES, EXPLAIN CIRCUMSTANCES BELOW. A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT.

DO YOU HAVE A CURRENT CALIFORNIA DRIVERS LICENSE? YES  NO  DO YOU HAVE CURRENT AUTOMOBILE LIABILITY INSURANCE? YES  NO

DO YOU HAVE ANY RELATIVES OR FRIENDS EMPLOYED AT OPTIONS? YES  NO  IF YES, PLEASE LIST \_\_\_\_\_  
HAVE YOU EVER BEEN EMPLOYED BY OPTIONS? YES  NO  When \_\_\_\_\_

HOW DID YOU HEAR ABOUT OPTIONS?

### IF APPLYING FOR CLASSROOM OR CLASSROOM SUPERVISION POSITION PLEASE COMPLETE

LIST CREDENTIALS, PERMITS OR PROFESSIONAL LICENSES YOU HOLD, DATES AWARDED, BY WHOM AND EXPIRATION DATES.

NUMBER OF CHILD DEV. (E.C.E.) UNITS COMPLETED \_\_\_\_\_ NUMBER OF GENERAL ED UNITS COMPLETED \_\_\_\_\_

HAVE YOU EVER APPLIED FOR A CREDENTIAL, PERMIT OR LICENSE? YES  NO  WHAT CREDENTIALS OR LICENSES ARE YOU ELIGIBLE FOR?

VOLUNTEER EXPERIENCE WITH CHILDREN

**EMPLOYMENT HISTORY - DO NOT WRITE "SEE RESUME"**

ACCOUNT FOR ALL PERIOD OF EMPLOYMENT ON UNEMPLOYMENT FOR LAST TEN YEARS - START WITH THE MOST RECENT

EMPLOYED BY		DATES	SALARY	JOB TITLE AND DUTIES
COMPANY		FROM	START \$	JOB TITLE
ADDRESS STREET - CITY		TO	END \$	DUTIES
STATE	SUPERVISOR	TELEPHONE NO.		
REASON FOR LEAVING				

IF PRESENTLY EMPLOYED MAY WE CONTACT YOUR EMPLOYER? YES  NO

EMPLOYED BY		DATES	SALARY	JOB TITLE AND DUTIES
COMPANY		FROM	START \$	JOB TITLE
ADDRESS STREET - CITY		TO	END \$	DUTIES
STATE	SUPERVISOR	TELEPHONE NO.		
REASON FOR LEAVING				

EMPLOYED BY		DATES	SALARY	JOB TITLE AND DUTIES
COMPANY		FROM	START \$	JOB TITLE
ADDRESS STREET - CITY		TO	END \$	DUTIES
STATE	SUPERVISOR	TELEPHONE NO.		
REASON FOR LEAVING				

EMPLOYED BY		DATES	SALARY	JOB TITLE AND DUTIES
COMPANY		FROM	START \$	JOB TITLE
ADDRESS STREET - CITY		TO	END \$	DUTIES
STATE	SUPERVISOR	TELEPHONE NO.		
REASON FOR LEAVING				

IF ADDITIONAL SPACE IS NEEDED, USE EMPLOYMENT HISTORY SUPPLEMENT FORM

**COMPLETE SUPPLEMENTAL QUESTIONNAIRE IF REQUESTED!**

**ALL APPLICANTS ARE CONSIDERED WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION, SEX, SEXUAL ORIENTATION, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, OR THE PRESENCE OF A NON-JOB RELATED MEDICAL CONDITION OR HANDICAP.**

I understand that any orientation or misrepresentation of material fact in this application may result in refusal of, or separation from employment. I understand that if I receive an offer of employment, such offer is contingent upon Options receiving satisfactory results to any references verification, driving license report, medical examination and/or drug/alcohol test they desire to perform and that such offer may be withdrawn for any reason what-so-ever without penalty. I hereby authorize the agency to make any investigation of my background deemed necessary.

Furthermore, I understand and agree that my employment is At Will and is for definite period of time and that I may terminate or the agency may terminate me at any time for any reason with or without cause.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE OF APPLICATION

**OPTIONS - A Child Care and Human Services Agency**

**Voluntary Affirmative Action Data**

PLEASE NOTE: COMPLETION OF THIS FORM IS VOLUNTARY

We consider all applications for positions without regard to race, color religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard, or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

TO BE COMPLETED BY APPLICANT ON A VOLUNTARY BASIS, NOT FOR INTERVIEW PURPOSES, FILE SEPARATELY FROM APPLICATION.

In an effort to comply with requirements regarding government, recordkeeping, reporting, and other legal obligations which may apply, we request that you complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

**Applicant Information**

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

Position: \_\_\_\_\_

**Please check only "one" box:**

- |  |  |
|--|--|
| <input type="checkbox"/> American Indian or Alaska Native          | <input type="checkbox"/> White                                 |
| <input type="checkbox"/> Asian                                     | <input type="checkbox"/> Hispanic or Latino (White races only) |
| <input type="checkbox"/> Black or African American                 | <input type="checkbox"/> Hispanic or Latino (all other races)  |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |  |

**Please check one of the following:**

- Male       Female

**Please check Referral Source:**

- |  |  |
|--|--|
| <input type="checkbox"/> Employee Referral     | <input type="checkbox"/> Government Emp. Agency (EDD/Cal JOBS) |
| <input type="checkbox"/> School _____          | <input type="checkbox"/> Walk-in                               |
| <input type="checkbox"/> Newspaper Ad in _____ | <input type="checkbox"/> Relative                              |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> Private Emp. Agency                   |
|  | <input type="checkbox"/> Website                               |

You may take this form to the division office you applied or mail it directly to the Options-Human Resources Office, 100 N. Citrus Street, Ste 300, West Covina, CA 91791

THANK YOU FOR COMPLETING THIS SURVEY

Please mail your application directly to the Options Division you are applying for:

**Corporate Division:**

Options  
100 N. Citrus Street, Suite 300  
West Covina, CA 91791  
Attn: Human Resources

**Child Care Services Division:**

Options Child Care Services  
13100 Brooks Drive, Suite 100  
Baldwin Park, CA 91706  
Attn: Hiring Director

**State Preschool Division:**

Options State Preschool  
18455 E. Railroad Street  
City of Industry, CA 91748

**Headstart Division:**

Options Head Start  
1330 N. Potrero Ave.  
South El Monte, CA 91723  
Attn:Hiring Department

**Child Development Centers Division:**

Options Child Development Centers  
100 N. Citrus Street, Suite 312  
West Covina, CA 91791  
Attn: Hiring Director

**Surround Care Division:**

Options Surround Care  
304 S. First Street  
Alhambra, CA 91801

**Enrichment Program**

100 N. Citrus St., Ste. 305  
West Covina, CA 91791  
Fax to:(626) 967-8638