INSTRUCTIONS FOR COMPLETING APPLICATION

In order to be considered for employment, this application must be completed entirely.
Resumes will not substitute a complete application.

If you have any questions, please contact the Human Resources office at (208) 743-6573 or by emailing hr@lcecp.org. Hearing impaired applicants may contact the agency by phone using the state relay website at www.hamiltonrelay.com. Job descriptions are available at www.lcearlychildhood.org.

Page 1
Completely fill in your contact information, position(s) applying for and the date. Answer questions 1-8. Question 4: Performance Standards, #45 CFR 1301.31, require that all individuals employed by LCECP undergo a Criminal Background Investigation looking at any felony convictions.

Page 2
Completely fill in the Education section including any continuing education. Describe your course of study, any specialized training or education including licenses, certifications, and any additional information regarding your knowledge, skills, and abilities as they relate to the position.

Attach a current transcript for any position that requires a degree. All teaching, family advocate, and management positions require transcripts.

You may submit an "unofficial transcript" rather than requesting an official copy sent directly to us from the institution.

Page 3-5
Completely fill in Employment History. Any relevant experience, paid or unpaid, including paid jobs, practicum time, student teaching, substituting, or volunteering in any capacity is of interest to us.

Please provide the name, address and telephone number of **two** personal references whom we may contact. They **cannot** be related to you and **cannot** be previous employers.

Page 6
Please read, initial and sign/date. If submitting electronically, you may initial electronically and leave the signature line blank. If you are interviewed we will require your signature at the time of the interview.

Voluntary Affirmative Action Form
Your voluntary completion of this form will assist us in assessing our affirmative action program. This information will be used for statistical purposes as well as for implementing our affirmative action program. We appreciate you taking the time to fill out this form and returning it with your application. In accordance with Federal law and US Department of Agriculture policy, this institution is prohibited from discriminating on the vasis of race, color, national origin, sex, age or disability.

To Submit Application:
Fax: 208-750-1489
Email: hr@lcecp.org
Mail: 1816 18th Ave.
Lewiston, ID 83501

- Head Start: A Federally Funded Program
- Early Head Start: A Federally Funded Program
- Early Childhood Education and Assistance Program: A Washington State Funded Program

Reset Application

Print

APPLICATION FOR EMPLOYMENT

Lewis-Clark Early Childhood Program

1816 18th Ave.
Lewiston, ID 83501
(208) 743-6573

Lewis-Clark Early Childhood Program is an Equal Opportunity Employer. Please notify Human Resources if you need any accommodation or assistance with any part of this application.

Name: _____ _____ _____
Last First Middle

Address: _____ _____ _____ _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Email: _____

Position(s) Applied For: _____ Date: _____

1. Are you or have you ever been a parent in any Head Start, Early Head Start, ECEAP or any Lewis-Clark Early Childhood Program? ☐ Yes ☐ No

2. Are you currently employed? ☐ Yes ☐ No

3. Are you prevented from lawfulling becoming employed in this country because of Visa or Immigration Status? ☐ Yes ☐ No

4. Have you ever been convicted of a felony? ☐ Yes* ☐ No
*If "Yes" please explain below.

Program Performance Standards require that all individuals employed by LCECP must undergo a criminal background investigation, looking at felony convictions. Specific felony convictions prohibit employment in programs serving children.

5a. Do you have a valid driver's license? ☐ Yes ☐ No
(Not required for Program Aide positions)

5b. Do you have access to an automobile to use if needed on the job? ☐ Yes ☐ No
(Not required for Program Aide positions)

6. Do you have a relative who is on the Board of Directors, Policy Council or is an employee of Lewis-Clark Early Childhood Program? ☐ Yes ☐ No

7. When would you be available to start in this position?

8. How did you learn about this position?

*If you select "Other" please type or write where you found out about this position.

EDUCATION

	School Name:	Location:	Degree Received:	Field of Study:
High School/GED:				
College/ Univeristy:				
Technical/ Trade:				
Other:				

Describe course of study:

Describe any specialized training, certifications, licenses, etc.:

Share any additional information as it relates to this position that may be helpful in evaluating your application:

EMPLOYMENT HISTORY

Do not substitute a resume for job experience, as the interview panel will not have access to resumes.

Present or Last Position:

Employer:		Dates Employed:		Average Hrs/Week:	
Address:		Supervisor Name:		Last Salary:	
Job Title:		Supervisor Phone #:		May we contact employer?	

Duties/Responsibilities (be specific):

Reason for leaving or considering a change:	

Prior Position:

Employer:		Dates Employed:		Average Hrs/Week:	
Address:		Supervisor Name:		Last Salary:	
Job Title:		Supervisor Phone #:		May we contact employer?	

Duties/Responsibilities (be specific):

Reason for leaving or considering a change:	

EMPLOYMENT HISTORY cont.

Prior Position:

Employer:		Dates Employed:		Average Hrs/Week:	
Address:		Supervisor Name:		Last Salary:	
Job Title:		Supervisor Phone #:		May we contact employer?	

Duties/Responsibilities (be specific):

Reason for leaving or considering a change:	

Prior Positions:

Employer:		Dates Employed:		Average Hrs/Week:	
Address:		Reason for leaving:			
Job Title:					

Employer:		Dates Employed:		Average Hrs/Week:	
Address:		Reason for leaving:			
Job Title:					

Prior Positions cont.:

Employer:		Dates Employed:		Average Hrs/Week:	
Address:		Reason for leaving:			
Job Title:					

REFERENCES

Give the name, address and telephone number of two personal references whom we may contact and who are not related to you and who are not previous employers.

Name:	
Address:	
Phone #:	

Name:	
Address:	
Phone #:	

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:

(If applying electronically, please type your initials and leave the signature line blank. If we decide to schedule an interview we will have you sign at that time.)

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination please see the USDA contact information at the bottom of this page.

INITIAL HERE:

Interviews are given on a competitive basis, using job related factors, after a written application has been received and reviewed. Because of the large number of applications received, not everyone who applies for a vacant position will be interviewed.

INITIAL HERE:

I understand that an incomplete application will not be considered for an interview.

INITIAL HERE:

I understand that, if selected, I will be required to provide proof of my identity and my legal right to work in the United States prior to actual employment with the Lewis-Clark Early Childhood Program. Failure to do so will result in immediate termination of my employment.

INITIAL HERE:

I authorize all previous employers and supervisors, including all persons with and for whom I have worked, to give the Lewis-Clark Early Childhood Program representatives any and all information regarding me and my previous employment. I authorize all personal references to give information to Lewis-Clark Early Childhood Program. I release the Lewis-Clark Early Childhood Program, all previous employers, supervisors and personal references from liability for any damages that may result from furnishing information to the Lewis-Clark Early Childhood Program. I understand that Lewis-Clark Early Childhood Program may contact my references prior to scheduling an interview.

INITIAL HERE:

In consideration of my employment, I agree to the instructions, rules and policies of the Lewis-Clark Early Childhood Program. My Employment and Compensation can be terminated at any time with or without cause and with or without notice of either the program or myself.

INITIAL HERE:

Signature

Date

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race,
color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
(2) fax: (202) 690-7442; or
(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

AFFIRMATIVE ACTION FORM

For identifying applicants

Position Applied for: _____

Date of Application: _____

Race:

- ☐ White (Not Hispanic or Latino)
- ☐ Black or African American (Not Hispanic or Latino)
- ☐ Hispanic or Latino
- ☐ Asian
- ☐ American Indian or Alaskan Native
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Two or More Races

Gender:

- ☐ Male
- ☐ Female