

EQUAL EMPLOYMENT OPPORTUNITY (EEO)



Thank you for taking the time to complete this voluntary form. We are gathering information to comply with record keeping and reporting requirements for federal and state laws.

All applicants and employees are considered for positions without regard to race, creed, gender, marital or registered domestic partner status, age, national origin, ancestry, physical or mental disability, medical condition, sex, genetic information, sexual orientation, military or veteran status or any other consideration made unlawful by federal, state or local laws.

Providing any information requested on this form is voluntary. No action will be taken for failure to complete this form. This will not be a factor in determining employment, conditions of employment or continuing employment. This will not be considered part of your application or personnel file.

Position(s) applied for: _____

REFERRAL SOURCE

- | | |
|--|--|
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> Print ad: _____
<small>(Please list publication)</small> |
| <input type="checkbox"/> Employee Referral | <input type="checkbox"/> On-line ad: _____
<small>(Please list site)</small> |
| <input type="checkbox"/> EDD/MPIC | <input type="checkbox"/> School post/Announcement |
| <input type="checkbox"/> Relative | <input type="checkbox"/> Other: _____
<small>(Please list source type)</small> |

EEO - 1 REPORTING

Race/Ethnicity Identification (please check one):

- | | |
|---|--|
| <input type="checkbox"/> White (non-Hispanic origin) | <input type="checkbox"/> Black (non-Hispanic origin) |
| <input type="checkbox"/> Alaskan Native/American Indian | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Hispanic | |

Gender Identification (please check one):

- | | |
|-------------------------------|---------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |
|-------------------------------|---------------------------------|

VETS - 100 REPORTING

Special Veteran Identification (please check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Disabled Veteran | <input type="checkbox"/> Vietnam Era Veteran |
|---|--|

**NCO JOB APPLICANT DISCLOSURE
REGARDING POTENTIAL CONFLICTS OF INTEREST**

NCO’s policies provide for pre-screening interview panel members for potential conflicts of interest. They also prohibit direct supervision of an NCO employee by an **immediate family member**. Such potential conflicts of interest can lead to an impairment of the integrity and fairness of our hiring and employment processes. Therefore, applicants for employment are asked to disclose relationships covered by NCO’s policies. Disclosure will not disqualify an applicant from consideration. It may impact the selection of interview panel members and may require some adjustment in supervision relationships in the event the applicant is hired. ***This information will be kept confidential to the extent possible consistent with its intended use.***

NCO’s policies also provide that “No person shall be employed by . . . NCO while serving as a voting member on the Board, a shared governance body or a Committee of NCO.” An applicant currently serving in such a capacity, if offered employment at NCO, would be required to choose between the offered position and continuing service as a voting member on such body.

For purposes of disclosure, please refer to the following definition of “immediate family member” found in NCO’s policies: “Immediate family” shall include: the spouse, domestic partner, or cohabitant of an employee; an employee’s child, stepchild, foster child, grandchild or a minor for whom the employee holds guardianship; the parent, stepparent, mother-in-law, father-in-law, son-in-law, daughter-in-law, grandparent, great grandparent, brother, sister, half-brother, half-sister, stepsibling, brother-in-law, sister-in-law, aunt, uncle, niece, nephew, or first cousin (that is, a child of an aunt or uncle) of the employee, or a similar family member of a spouse, domestic partner or cohabitant of the employee. (Authority cited: Sections 55, 59, 95 and 98.8, Labor Code. Reference: Section 2066(d), Labor Code.)

Please answer the following questions, attaching an additional page if more space is needed:

1. Are **you or your immediate family member** (as defined above) currently serving as a **member on the NCO Governing Board or on an NCO committee or affiliated shared governance body** (such as the Head Start Program Policy Council)?

Yes ____ No ____ If Yes, please specify name(s) and position(s): _____

2. Is any member of your **immediate family** (as defined above) **currently employed by NCO**?

Yes ____ No ____ If Yes, please list the names and positions held by those who meet the definition:

Thank you! Please print your name, sign and date below:

_____ **Date:** _____

Applicant Name - Print & Signature



Application for Employment

NCO develops and provides services that strengthen our communities, one person at a time.

413 N. STATE STREET, UKIAH, CA 95482

PH (707) 467-3200 FAX (707) 467-3213 Email: HumanResources@ncoinc.org

This application must be **completed in full**, signed and received at the above NCO office by mail, FAX, email or hand delivery before 5:00 PM on the close date. A resume is desirable, but is **not** a replacement for the whole or any part of this application. Some positions may also require transcripts or other documentation at time of application. Be sure to review all requirements on the NCO website. Please type or PRINT clearly using blue or black ink. Incomplete applications will not be considered for any recruitment.

Position(s) applied for:

HR Only

APPLICANT CONTACT INFORMATION

Last Name	First Name
Complete Mailing Address (including City, State & Zip)	
Phone #	Email Address

EDUCATIONAL BACKGROUND

School Name and Location	Graduated?	Degree and Course of Study
Junior College:	Y N	
University:	Y N	
University:	Y N	
Other:	Y N	

APPLICANT QUESTIONNAIRE

List languages other than English that you can speak, write and read:	
I am at least 18 years old.	Y N
If hired, I can present evidence of my legal right to work in the United States.	Y N
If required by the job, and after a conditional offer of employment, I am willing to undergo a medical examination.	Y N
I have been provided a copy of the job description(s) listing the essential functions of the position(s) I am applying for.	Y N
I can perform each of the essential functions listed on the job description(s), with or without reasonable accommodations:	Y N
If required by the job, and after a conditional offer of employment, I am willing to complete a criminal background screening to confirm my eligibility for the position.	Y N

EMPLOYMENT HISTORY

Please list your most recent position or volunteer activity. To include additional information, attach a separate list or resume with this application.

Employer		Telephone
Employer Address		Dates of Employment —
Final Job Title	Name of Supervisor	
Description of Job Duties		Reason for Leaving
Employer		Telephone
Employer Address		Dates of Employment —
Job Title	Name of Supervisor	
Description of Job Duties		Reason for Leaving
Employer		Telephone
Employer Address		Dates of Employment —
Job Title	Name of Supervisor	
Description of Job Duties		Reason for Leaving
Employer		Telephone
Employer Address		Dates of Employment —
Job Title	Name of Supervisor	
Description of Job Duties		Reason for Leaving

NCO may contact the employers listed above unless you indicate below those whom you do not wish us to contact.

DO NOT CONTACT THE FOLLOWING EMPLOYER:

REASON:

DO NOT CONTACT THE FOLLOWING EMPLOYER:

REASON:

REFERENCES

Please list three (3) references in the spaces provided, including their mailing and email addresses. Two should be professional references and may include anyone with whom you have worked or volunteered who can comment on your work abilities. The third may be a personal reference from someone who can speak about your personality and character.

PROFESSIONAL Reference Name & Address	Work Phone	Years Known
	Cell Phone	
Email Address		
PROFESSIONAL Reference Name & Address	Work Phone	Years Known
	Cell Phone	
Email Address		
PERSONAL Reference Name & Address	Work Phone	Years Known
	Cell Phone	
Email Address		

ADDITIONAL SKILLS & QUALIFICATIONS

Briefly describe special skills that may qualify you for the position(s) you are applying for (include special accomplishments, publications, awards, professional or civic organizations and offices held, or any other information you would like NCO to consider). Please do not include organizations that would reveal any personal information regarding a legally protected class or consideration.

<p><i>North Coast Opportunities, Inc. (NCO) affirms that no applicant, client, volunteer or employee of the agency shall be excluded from participation in, or be denied the benefits of or otherwise be subjected to, discrimination under any program or activity that NCO operates on the basis of race, color, creed, gender, marital status, registered domestic partner status, age, national origin, ancestry, physical or mental disability, medical condition, sex, genetic information, sexual orientation, military or veteran status, or any other consideration made unlawful by federal, state or local laws.</i></p> <p>Application attestation: <i>I hereby declare the information provided by me on this Application for Employment is true, correct and complete to the best of my knowledge. I understand that any misstatement or omission of fact on this application shall be considered cause for non-selection or dismissal. I authorize NCO to call past employers (except as noted) and listed references to obtain information about me, and release all individuals and businesses of any liability in the release of background information. I further understand that the position(s) for which I am applying may require certain screenings such as immunizations or a pre-employment physical, and that I will be required to fill out an I-9 form and to verify my legal right to work in the United States, if offered employment.</i></p>	
Signature of Applicant	Date

**IMPORTANT NOTICE TO
NCO HEAD START and EARLY HEAD START
CHILD DEVELOPMENT PROGRAM
JOB APPLICANTS**

Applicants hired into the position for which you are applying are required by California Law to have a Criminal Background Clearance or Exemption **BEFORE** working in our Child Care programs. Clearances are obtained by submitting fingerprints to the local authorities for a Criminal Background Check through the California Department of Justice (DOJ), Federal Bureau of Investigation (FBI) and Child Abuse Central Index (CACI). Clearances are then reviewed by the California Department of Social Services (DSS), Community Care Licensing Division.

It generally takes 7-10 business days to receive a response once fingerprints are submitted. The process can take considerably longer if a criminal record is present and a Criminal Record Exemption Request is necessary. (Examples of a criminal record include any felony or misdemeanor including DUI, shoplifting and offenses committed as a juvenile.)

In the event you are offered a job with our program and do not already possess a DOJ/FBI Criminal Background Clearance or Exemption for Child Care Facilities, the job offer is conditional upon your obtaining one. **If Clearance or Exemption is for any reason delayed or denied, the program may need to temporarily or permanently withdraw the job offer.**

If a conditional offer of employment with NCO HSCDP is made to you, further information and paperwork will be provided to begin the Criminal Background Clearance process. It is important for this process to be completed **as quickly as possible**, so that we can ensure adequate classroom staffing.

Thank you for your interest in being a part of NCO's Head Start Child Development Program.