



ACCESS JOB INFORMATION 24-HOURS A DAY!

- Visit our website: www.epicnet.org
- Call Recruitment Coordinator:
509-248-3950 x 138 or 800-748-8112 x 138
Human Resources Department
- Return completed application to your nearest EPIC site or mail to:
2902 Castlevale Rd
Yakima, WA 98902

Or fax to: 509-457-0580

*******REQUIRED FOR ALL POSITIONS*******

- High School Diploma or GED
- College degrees and/or unofficial transcripts
- Letter of Reference (Work Related)

Youth Services Counselor applicants must also attach:

- Driving Abstract
(You can pick this report up from the Department of Licensing)
- Resume

If these items are not attached, your application may be delayed.

Please read minimum qualifications on recruitment announcement to determine what is required for the position you are applying for.

**Thank you,
EPIC Human Resources Department**

EQUAL OPPORTUNITY DATA

It is the policy of EPIC to provide equal opportunity in all terms, conditions, and privileges for employment for all qualified job applicants and employees without regard to race, religion, color, creed, national origin, gender, age, marital status, Vietnam era or disabled veteran status, or the presence of any disability. To help us comply with government record keeping, as required by the Equal Employment Opportunity Commission (EEOC), please complete the affirmative action data below.

This information will be kept confidential.

Ethnic Category (choose only one)

- White (not of Hispanic origin) – those having origins in any of the original peoples of Europe, North Africa or the Middle East
- Black (not of Hispanic origin) – those having origins in any of the Black racial groups of Africa
- Hispanic – those of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish cultures or origin regardless of race.
- Asian or Pacific Islanders – those having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent Pacific Islands
- American Indian or Alaskan Native – those having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition

Sex Male Female

Age: Are you 40 years of age or older? Yes No

Veteran: Are you a veteran of U.S. military service: Yes No

Vietnam Era Veteran: Yes No

I learned about this job opening through (check appropriate boxes)

- Friend or Relative
- Newspaper Advertisement
- Radio
- Organization: _____
- Epic Employee
- Website
- Other: _____

Date _____



APPLICATION FOR EMPLOYMENT

EPIC is an Equal Opportunity Employer. Please notify our front office if you need any accommodations or assistance with any part of our application process.

Specific Position(s) Applied for: _____

Today's Date: _____

Note to Applicants: If you have not received a copy of the position description for the position you are applying for, Please request a copy from the receptionist.

Early Childhood Development Center [Check preference/work location: X]

- | | | |
|--|--|---|
| Castlevale <input type="checkbox"/> | Jefferson <input type="checkbox"/> | Parker Heights <input type="checkbox"/> |
| Sunnyside <input type="checkbox"/> | Prosser <input type="checkbox"/> | Toppenish <input type="checkbox"/> |
| Medicaid Therapeutic Child Care <input type="checkbox"/> | Bridgeport/Brewster <input type="checkbox"/> | East Wenatchee <input type="checkbox"/> |

Youth Services [Check preference/work location: X]

- Yakima Kennewick

APPLICANTS: IN ORDER TO BE CONSIDERED FOR EMPLOYMENT, THIS APPLICATION MUST BE COMPLETED ENTIRELY. PLEASE REMEMBER TO PRINT CLEARLY, AND TO READ AND SIGN ON THE LAST PAGE.

Last _____ First _____ M.I. _____
 Address _____ City _____ State _____ Zip _____
 Home _____ Daytime/Message Phone _____ Email _____
 Previous Last Names; Alias' _____ Driver's License # _____ State Issue _____ Exp. Date _____

If you are under 18 years of age, can you provide proof of your eligibility to work? Yes No

Have you ever filed an application Yes No If yes, give date: _____

Are you a previous Head Start parent? Yes No

Have you ever been employed with us before? Yes No If yes, give _____

Have you ever been convicted of any crime or is there a criminal charge pending against you? Yes No

If yes, attach a written explanation. *(Conviction will not necessarily disqualify an applicant)*

Why are you interested in this particular job?

What skills and training qualify you for this position?

What portion of your work or volunteer experience qualifies you for this job? In what way?

	Name of School & Location	Major Field	Graduated		List Degree
			Yes	No	
High School			<input type="checkbox"/>	<input type="checkbox"/>	
College/Univ.			<input type="checkbox"/>	<input type="checkbox"/>	
Tech./Voc. School			<input type="checkbox"/>	<input type="checkbox"/>	
Graduate Studies			<input type="checkbox"/>	<input type="checkbox"/>	
Stars Training			<input type="checkbox"/>	<input type="checkbox"/>	
Other			<input type="checkbox"/>	<input type="checkbox"/>	

*EPIC will administer a basic English literacy & math skills test for certain positions.
Professional

PROFESSIONAL LICENSES/CERTIFICATIONS

Type	State Issued	Number	Exp. Date	Type	State Issued	Number	Exp. Date

Do you have any current restrictions on your license? No Yes If yes, explain

Are you currently employed? Yes No When would you be available for work?

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

**** Some positions require having an automobile available.**

Do you have your own motor vehicle and state required liability insurance? Yes No

If not, do you have other means of transportation, explain: _____

Can you travel if a job requires it? Yes No

Indicate any FOREIGN language you can speak, read and/or write

	Speak	Read	Write
Fluent			
Good			
Fair			

**EPIC will administer an examination for determining level of Spanish language ability.*

SPECIALIZED SKILLS Check any skills/Equipment Operated

- MS MS Publisher Copy Machine Typewriter Postage Meter/Scale
 MS MS Access MS Pagemaker 10 Key Fax Machine

Other _____

Can you perform the essential functions of the job for which you have applied?

Yes No If no, explanation:

INSTRUCTIONS: A) THIS SECTION MUST BE COMPLETED ENTIRELY; IF YOU WISH TO ATTACH A RESUME YOU MAY DO SO. B) DO NOT SUBSTITUTE A RESUME. C) LIST LAST EMPLOYER FIRST. D) PLEASE PROVIDE WRITTEN EXPLANATION FOR ANY TIME PERIOD OF NO EMPLOYMENT HISTORY (IF MORE SPACE IS NEEDED PLEASE ATTACH SHEETS (S)).

(m/d/yyyy)	Employer Name:	Hrs/Wk:
From:	Address:	Salary:
(m/d/yyyy)	City/State:	Phone:
To:	Supervisor:	
May we contact	Yes <input type="checkbox"/> No <input type="checkbox"/> Explain:	
Job Title:		
Describe Duties:		
Reason for leaving:		

(m/d/yyyy)	Employer Name:	Hrs/Wk:
From:	Address:	Salary:
(m/d/yyyy)	City/State:	Phone:
To:	Supervisor:	
May we contact	Yes <input type="checkbox"/> No <input type="checkbox"/> Explain:	
Job Title:		
Describe Duties:		
Reason for leaving:		

(m/d/yyyy)	Employer Name:	Hrs/Wk:
From:	Address:	Salary:
(m/d/yyyy)	City/State:	Phone:
To:	Supervisor:	
May we contact	Yes <input type="checkbox"/> No <input type="checkbox"/> Explain:	
Job Title:		
Describe Duties:		
Reason for leaving:		

(m/d/yyyy)	Employer Name:	Hrs/Wk:
From:	Address:	Salary:
(m/d/yyyy)	City/State:	Phone:
To:	Supervisor:	
May we contact	Yes <input type="checkbox"/> No <input type="checkbox"/> Explain:	
Job Title:		
Describe Duties:		
Reason for leaving:		

PLEASE READ EACH OF THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION

1. 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 EPIC.
2. I understand that, if selected, I will be required to submit to pre-employment drug and alcohol testing. EPIC has a drug and alcohol testing policy in place for: 1) pre-employment; 2) on the job injury requiring medical attention; 3) for reasonable cause; and 4) bus drivers are subject to pre-employment and random drug and alcohol testing.
3. I understand that, if selected, I will be required to submit to a criminal history background check, which may include fingerprinting. In addition, I understand, if selected for employment, EPIC will request that I sign a release of information for DSHS. (WAC.388-73-030)
4. I understand that, if selected and if I have resided in Washington State less than 3 years, I will be required to submit to a Washington State Patrol/FBI fingerprint check.
5. I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that any misrepresentation or material omission on this application will result in my being eliminated from further consideration. **I further understand that, if accepted for employment, any misrepresentation or material omission which becomes known to EPIC may result in immediate termination of my employment.**
6. I authorize all previous employers and supervisors, including all persons with and for whom I have worked to give EPIC representatives any and all information regarding me and my previous employment as noted under Employment History section of this application form. I release EPIC, and all previous employers and supervisors from liability for any damage that may result from furnishing information to EPIC.

Signature: _____ Date: _____

Disclosure Statement

Pursuant to the requirements of: RCW 43.43.830,840; WAC 388-73-030; WAC 388-330-020, we must ask you to complete the following disclosure statement. This information will be kept confidential.

- I. Have you resided in the Washington State less than 3 years from the date of this application? Yes No If yes, provide date (s)
- II. Have you ever been convicted of any of the following crimes?
- | | | | |
|--|---|--|--|
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Aggravated murder | Yes <input type="checkbox"/> No <input type="checkbox"/> | Malicious harassment |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | 1 st , or 2 nd degree murder | Yes <input type="checkbox"/> No <input type="checkbox"/> | 1 st degree promoting prostitution |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | 1 st , or 2 nd degree kidnapping | Yes <input type="checkbox"/> No <input type="checkbox"/> | Communication with a minor for immoral purposes |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | 1 st , 2 nd or 3 rd degree assault | Yes <input type="checkbox"/> No <input type="checkbox"/> | 1 st degree arson |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | 1 st , 2 ⁿ , or 3 rd degree rape | Yes <input type="checkbox"/> No <input type="checkbox"/> | 1 st degree burglary |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | 1 st 2 nd or 3 rd degree rape of a child | Yes <input type="checkbox"/> No <input type="checkbox"/> | Indecent liberties |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | 1 st , 2 nd degree robbery | Yes <input type="checkbox"/> No <input type="checkbox"/> | Incest |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | 1 st , or 2 nd degree manslaughter | Yes <input type="checkbox"/> No <input type="checkbox"/> | Vehicular homicide |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | 1 st or 2 nd degree extortion | Yes <input type="checkbox"/> No <input type="checkbox"/> | Unlawful imprisonment |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | 1 st or 2 nd degree criminal mistreatment | Yes <input type="checkbox"/> No <input type="checkbox"/> | Simple assault |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Child abuse/neglect as defined in RCW 26.44.020 | Yes <input type="checkbox"/> No <input type="checkbox"/> | Sexual exploitation of minors |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Selling or distributing erotic material to a minor | Yes <input type="checkbox"/> No <input type="checkbox"/> | 1 st or 2 nd degree custodial interference |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Custodial assault | Yes <input type="checkbox"/> No <input type="checkbox"/> | 1 st , 2 nd , or 3 rd degree child molestation |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Child buying or selling | Yes <input type="checkbox"/> No <input type="checkbox"/> | 1 st , 2 nd or 3 rd degree sexual misconduct with a minor |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Promoting pornography | Yes <input type="checkbox"/> No <input type="checkbox"/> | Patronizing a juvenile prostitute |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Prostitution | Yes <input type="checkbox"/> No <input type="checkbox"/> | Violation of child abuse restraining order |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Child abandonment | | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Or any of these crimes as they may have been renamed | | |
- III. Have you ever been convicted of any crime not listed above Yes No
- IV. If your answer is "yes" to any of the above, please describe and provide the date (s) of the conviction (s) and the sentence (s) imposed. If more space is needed, attach a separate sheet.

V. Pursuant to WAC 388-73-030 **General qualifications of licensee, adoptive application and other persons on the premises, shall be a person of good character.** Staff having access to children or youth under care must have the understanding, ability, physical health, emotional stability and personality suited to meet the physical, mental, emotional and social needs of the person under care. If selected for employment, EPIC will request that you complete a release of information form from Washington State Department of Early Learning (DEL).

UNDER PENALTY OF PERJURY, I certify that the above information is true, correct and complete. I understand I can be discharged for any misrepresentation or omission in the above statement. I also understand that if I am hired, my employment is conditional upon receipt of satisfactory report from the Washington State Patrol and Washington State Department of Early Learning (DEL) if applicable.

Signature _____

Name (Print) _____

Date: _____

We may request your fingerprints to obtain from the Washington State Patrol criminal identification system a report of your record of criminal convictions for offenses against persons, civil adjudications of child abuse, and disciplinary board final decisions. If you are hired before that report is available, **YOUR EMPLOYMENT WILL BE CONDITIONAL UPON THE RECEIPT OF A SATISFACTORY REPORT.**