

**ADMIN OFFICE**  
P.O. Box 10  
108 West B Street  
Rainier, OR 97048  
PHONE: (503) 556-3736  
FAX: (503) 556-0705



## CHILD & FAMILY DEVELOPMENT PROGRAMS

Of Community Action Team, Inc.

### HEAD START PROGRAM

**ASTORIA CENTER**  
P.O. Box 884  
Astoria, OR 97103  
PHONE: (503) 325-5421  
FAX: (503) 325-8913

**CLATSKANIE/RAINIER CENTER**  
P.O. Box 2  
Clatskanie, OR 97016  
PHONE: (503) 728-2940  
FAX: (503) 728-2225

**SEASIDE CENTER**  
P.O. Box 362  
Seaside, OR 97138  
PHONE: (503) 738-0873  
FAX: (503) 738-5912

**ST. HELENS CENTER**  
P.O. Box 239  
St. Helens, OR 97051  
PHONE: (503) 397-4114  
FAX: (503) 397-0906

**TILLAMOOK CENTER**  
P.O. Box 713  
Tillamook, OR 97141  
PHONE: (503) 842-5180  
FAX: (503) 842-2580

**VERNONIA CENTER**  
P.O. Box 242  
Vernonia, OR 97064  
PHONE: (503) 429-9243  
FAX: (503) 429-4103

**WARRENTON CENTER**  
P.O. Box 1163  
Warrenton, OR 97146  
PHONE: (503) 861-9681  
FAX: (503) 861-9775

### EARLY HEAD START

P.O. Box 458  
Warrenton, OR 97146  
PHONE: (971) 813-9450

### HEALTHY FAMILIES

125 N. 17th  
St. Helens, OR 97051  
PHONE: (503) 366-0800  
FAX: (503) 366-0908

## NOTICE TO APPLICANT

Thank you for your interest in applying for employment with Community Action Team, Head Start/Early Head Start. Please complete the attached application and submit to Dawn Crawford [dcrawford@nworheadstart.org](mailto:dcrawford@nworheadstart.org) or PO Box 10, Rainier, OR 97048 with the following items:

- Completed application
- Letter of Intent
- Any degree and/or transcripts

Please email Dawn or call 503-556-3736 for more information.

A criminal background check and FBI fingerprinting are required for people working in Early Childhood Education and care.

The applicant must complete the Central Background Registry. Please apply online with the Department of Early Learning and Care at: <https://www.oregon.gov/delc/providers/Pages/cbr.aspx>.

Once you have completed the application for enrollment to the Central Background Registry, you will receive information on how to schedule an appointment for fingerprinting. It is essential to follow the directions and meet the deadline established in the letter to complete the enrollment process.

The applicant must be 18 years of age to qualify for Criminal Background Registration.

Staff are required to participate in the Oregon Registry Online (ORO). If you are not currently on ORO, apply using the following link: <https://my.oregonregistryonline.org/>

### Drug Screening

A pre-employment drug test will be required for every perspective employee. Test results must be negative to be employed. The cost for the screening will be paid by Community Action Team.

*Providing Head Start, Healthy Families and  
Parenting Education services*

# COMMUNITY ACTION TEAM, INC.

## Employment Application

Date: \_\_\_\_\_ Interviewed by: \_\_\_\_\_

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

Name: \_\_\_\_\_  
Last Middle First

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

Telephone: \_\_\_\_\_  
Home Business

E-mail Address: \_\_\_\_\_

Do you have dependable means of transportation? \_\_\_\_\_

Do you have a valid Oregon Driver's License?  Yes  No \_\_\_\_\_  
Number

List relative presently employed in Community Action Programs by name, program, relationship: \_\_\_\_\_

Date available for employment: \_\_\_\_\_

### EDUCATION:

SCHOOLS ATTENDED	FROM - TO Field of Study	DATE LEFT Month/Year	GRADUATE Month/Year	DEGREE RECEIVED
High School/GED:				

### WORK EXPERIENCE *(list most recent first)*

Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Salary/Volunteer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title & Description: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**WORK EXPERIENCE** *(list most recent first)*

Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Salary/Volunteer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title & Description: \_\_\_\_\_

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Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Salary/Volunteer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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**WORK EXPERIENCE** *(list most recent first)*

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Phone: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Salary/Volunteer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title & Description: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**PROFESSIONAL AND PERSONAL REFERENCES**

NAME	ADDRESS	FIRM	TITLE/POSITION	TELEPHONE

## MEMBERSHIP IN PROFESSIONAL AND/OR ASSOCIATION

Name

Year

Office Held

---

---

---

*Honors or Awards -*

*Publications -*

## ATTACHMENTS

On one or more separate sheets, discuss your qualifications for this position. Highlight those abilities and competencies which you feel especially qualify you as an applicant. Expand, as may be appropriate, upon any of the items covered in this application such as your employment experience, job objectives or related interests. Please state the reason(s) you are applying for this job and why you feel you are a good candidate for this position.

**To the best of my knowledge, all information on this application is true and correct.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

COMMUNITY ACTION TEAM, INCORPORATED  
310 Columbia Blvd., St. Helens, Oregon 97051  
**CHILD & FAMILY DEVELOPMENT PROGRAMS**  
Declaration Form

For use by Head Start Agencies to comply with 45 CFR Part 1301, Subpart D, Head Start Grants Administration, Personnel Policies, Section 1301.31© and (d).

**Name of Prospective Employee:** \_\_\_\_\_

Federal policies now require that Head Start agencies require all prospective employees to sign a declaration prior to employment which lists:

1. All pending and prior criminal arrest and charges related to child sexual abuse and their disposition.
2. Convictions related to other forms of child abuse and/or neglect; and
3. All convictions of violent felonies.

The declarations may exclude:

Any offense, other than any offense related to child abuse and/or child sexual abuse or violent felonies committed before the prospective employee's 17th birthday, which was finally adjudicated in a juvenile court or under a youth offender law.

Any conviction for which the record has been expunged under Federal or State authority.

Note that 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.

Please provide your signature on the appropriate category below:

I **have not been** arrested, charged and/or convicted on one or more of the three types of offenses listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I **have been** arrested, charged, and/or convicted on one or more of the three types of offenses listed above. (If so, please attach information listing the offense(s), the date(s) of the arrest, charge, and/or conviction, and other relevant information.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This information will be kept strictly confidential.

## Child & Family Development Programs Pre-Employment Reference Form

**Applicant:** Please complete one form for each reference; provide at least three references; and include at least two supervisors.

### Section 1: Applicant Information

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Position Applying For

### Section 2: Reference Contact Information

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Relationship to Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company Name/Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email Address

### Section 3: Reference Information

\_\_\_\_\_  
Position Held

\_\_\_\_\_  
Dates of Employment

\_\_\_\_\_  
Reason for Leaving

**Applicant:** Please rate yourself on the following skills, and Child & Family Development Programs will follow up with the designated person above to confirm the information you provide.

Attendance	Excellent	Good	Fair	Poor
Relationships w/Children	Excellent	Good	Fair	Poor
Co-Worker Relationships	Excellent	Good	Fair	Poor
Communication	Excellent	Good	Fair	Poor
Follow-Through	Excellent	Good	Fair	Poor
Dependability	Excellent	Good	Fair	Poor
Work Ethics	Excellent	Good	Fair	Poor
Self-Starter	Excellent	Good	Fair	Poor
Decision Making	Excellent	Good	Fair	Poor
Honesty/Integrity	Excellent	Good	Fair	Poor
Flexibility	Excellent	Good	Fair	Poor
Empathy	Excellent	Good	Fair	Poor

REFERENCE Use Only			
Agree		Disagree	
Agree		Disagree	
Agree		Disagree	
Agree		Disagree	
Agree		Disagree	
Agree		Disagree	
Agree		Disagree	
Agree		Disagree	
Agree		Disagree	
Agree		Disagree	
Agree		Disagree	

**COMMENTS:**

### Section 4: Release of Information

I, \_\_\_\_\_, hereby give my permission to Child & Family Development Programs to verify my current and past employment history. Please release all information necessary regarding my employment or your personal knowledge of myself to Child & Family Development Programs.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Section 5: Signature of Person Verifying Reference Information

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

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Title

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Company Name/Address

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Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email Address

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Date

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