

ADMIN OFFICE

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



Community Action Team CHILD & FAMILY DEVELOPMENT PROGRAMS

HEAD START/OPK 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

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 Valerie Killion vkillion@nworheadstart.org or PO Box 10, Rainier, OR 97048 with the following items:

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

Please email Valerie 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 _____
NumberList relative presently employed in Community Action Programs by name, program,
relationship: _____

Date available for employment: _____

EDUCATION:

SCHOOLS ATTENDED	FIELD OF STUDY	GRADUATE Y/N	DEGREE RECEIVED Y/N
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: _____

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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

COMMENTS:

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	

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

Child & Family Development Programs

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