

Requirements for Child Care Worker I Positions

Must have one of the following minimum education and/or experience qualification requirements:

- Bachelor of Arts or Sciences Degree **OR**
- A valid child development teaching permit or completed 12 semester units of early childhood education, adolescent development or Foster and Kinship education and have at least 100 hours of experience working with youth **OR**
- A valid certificate as an Alcohol Counselor, Drug Counselor or Alcohol and Drug Counselor, and have at least 100 hours of experience working with youth **OR**
- A valid vocational training certificate, credential, or documentation demonstrating that the individual is a trade journey person who instructs children in vocational skills and have at least 100 hours of experience working with youth as a mentor, athletic coach, teacher, vocational coach, tutor, counselor or other relevant experience as determined by the dept **OR**
- Have been previously employed as a full-time staff or served as a volunteer at a group home, short-term residential therapeutic program, or substance abuse treatment program for one year **OR**
- Have relevant life experience in the child welfare, mental health or juvenile justice systems as a consumer, mentor or caregiver or other relevant experience as determined by the dept.

Important: (MUST HAVE EDUCATION OR EXPERIENCE, NO EXCEPTIONS)

- Need to provide proof of valid California Driver's license
- Need to provide proof of (current) auto insurance
- Will be required to get a TB test, Health screening and Drug Screen from Agencies Occupational Health Facility- **No cost to applicant**
- Need to pass a criminal record background check that includes DOJ, FBI and Child Abuse Index Check- **No cost to applicant**
- DMV Printout of Driving Record will be downloaded from DMV site and must be insurable through the agency's auto insurance carrier. **No cost to applicant**
- Need to complete CPR & First Aid within 30 days of hire, Initial De- Escalation training prior to working alone at the facility, six orientation sessions, Pro-Act De-escalation & Restraint training within 90 days of hire & Water Safety certification (seasonal)- **On the job paid training**
- Need to provide verification of total units earned by unofficial transcripts and/or verification of degree upon hire. In addition, within 30 days of hire a sealed or electronic official transcript needs to be provided to the HR Assistant.

**Please return application to:
Promesa Behavioral Health
7120 N. Marks Ave. Suite 110 OR
Fresno, CA 93711**

**Fax Resumes to:
(559) 439-1007**

**** All training is a requirement of the Agency and Community Care Licensing ****

PERSONNEL RECORD
(Form to be completed by employee)

DATE
NAME OF FACILITY
FACILITY ADDRESS
FACILITY FILE NUMBER

1. PERSONAL

NAME (LAST FIRST MIDDLE)	TELEPHONE ()
ADDRESS	ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE STATE YOUR AGE
SOCIAL SECURITY NUMBER: (VOLUNTARY FOR ID ONLY)	DATE OF LAST PHYSICAL EXAMINATION
	DATE OF LAST TB TEST
HAVE YOU EVER BEEN EMPLOYED UNDER A DIFFERENT NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST ALL NAMES USED.	

DO YOU POSSESS A VALID CALIFORNIA DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? <input type="checkbox"/> YES <input type="checkbox"/> NO
CDL NUMBER	IF YES, PLEASE EXPLAIN ON BACK OF FORM.
NEAREST LIVING RELATIVE -- NAME:	TELEPHONE NUMBER
	RELATIONSHIP
ADDRESS	

2. POSITION

TITLE	SALARY	HOURS	DATE OF EMPLOYMENT
NAME OF SUPERVISOR			

3. PREVIOUS EMPLOYMENT (List most recent experience first. If additional space is needed, please attach a separate page.)

NAME AND ADDRESS OF EMPLOYER	TELEPHONE NUMBER	JOB TITLE AND TYPE OF WORK	REASON FOR LEAVING	DATES	
				FROM	TO

4. EDUCATION

CIRCLE HIGHEST YEAR COMPLETED 6 7 8 9 10 11 12	DIPLOMA	CURRENTLY ENROLLED IN HIGH SCHOOL COMPLETION COURSE? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, GIVE EXPECTED COMPLETION DATE _____
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EMPLOYMENT -- RELATED EDUCATION COURSES

COURSE TITLE	NAME OF SCHOOL OR ORGANIZATION AND ADDRESS	NUMBER UNITS COMPLETED	DATE COMPLETED	CURRENTLY ENROLLED

4. EDUCATION (Continued)

NAME UNIVERSITY, COLLEGE OR BUSINESS SCHOOL AND ADDRESS	MAJOR SUBJECT	NO. OF YEARS COMPLETED	NO. OF UNITS COMPLETED	DIPLOMA DEGREE OR CERTIFICATE	DATE COMPLETED

5. REFERENCES

List names of three persons who can give information about your background, character, abilities, etc.

NAME	ADDRESS	TELEPHONE NUMBER	RELATIONSHIP TO YOU (FRIEND, EMPLOYER, ETC.)

6. PROFESSIONAL AND TECHNICAL QUALIFICATIONS

A. List Licenses or Certificates of Competence held:

B. Names of Professional Associations of which you are a member:

NOTES:

I hereby certify under penalty of perjury that the above statements are true and correct. I give my permission for any necessary verification.

SIGNATURE OF EMPLOYEE	DATE
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**REFERENCES
PROFESSIONAL AND PERSONAL REFERENCES WE MAY CONTACT**

PROFESSIONAL REFERENCES

Name	Company	Address	Area Code & Phone Number	Email Address

PERSONAL REFERENCES

Name	Company	Address	Area Code & Phone Number	Email Address

PRE-EMPLOYMENT CERTIFICATION

_____ I understand that this application is only valid for the position applied for at the present time and the Company is not obligated to retain or consider this application for future openings.

_____ I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I authorize the Company to secure information about my experience with former employers, references provided, education institutions and agencies, and for those parties to provide information concerning my experience, releasing all parties from any liability arising there from.

I understand that Genesis Family Center is an At-Will employer. If I am accepted for employment with Genesis Family Center, I understand that my employment may be terminated by Genesis Family Center at any time, with or without cause, and with or without notice, at the option of either the Company or myself. I also understand and agree that the Company retains the right to demote, transfer, change my job duties, and change my compensation at any time with or without notice and with or without cause in its sole discretion. Employer and employee further agree that this At-Will employment policy can not be amended, modified, or altered in any way by oral statements or in any other way, and can only be altered by written amendment approved by the CEO of Genesis Family Center.

Initial

I understand that Genesis Family Center is a drug free workplace and I agree to submit to pre-employment drug testing. I am aware that Genesis Family Center has a drug and alcohol policy and that consideration for employment and continued employment are based on consent to and compliance with such policy.

Initial

Applicant Signature

Date of Application

Printed Applicant Name

CRIMINAL RECORD STATEMENT

State law requires that persons associated with licensed facilities or Home Care Aide Registry applicants be fingerprinted and disclose any conviction. A conviction is any plea of guilty or nolo contendere (no contest) or a verdict of guilty. The fingerprints will be used to obtain a copy of any criminal history you may have.

Have you ever been convicted of a crime in California ? YES NO

You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.

Have you ever been convicted of a crime from another state, federal court, military or jurisdiction outside of U.S.? YES NO

Criminal convictions from another State or Federal court are considered the same as criminal convictions in California.

If you answer YES, give details on the back of this page indicating the nature and circumstances of each crime and the date and the location in which each crime occurred.

You must disclose convictions, including reckless and drunk driving convictions even if:

1. It happened a long time ago;
2. It was only a misdemeanor;
3. You didn't have to go to court (your attorney went for you);
4. You had no jail time or the sentence was only a fine or probation;
5. You received a certificate of rehabilitation;
6. The conviction was later dismissed, set aside or the sentence was suspended.

NOTE: IF THE CRIMINAL BACKGROUND CHECK REVEALS ANY CONVICTION(S) THAT YOU DID NOT DISCLOSE ON THIS FORM, YOUR FAILURE TO DISCLOSE THE CONVICTION(S) WILL RESULT IN AN EXEMPTION DENIAL, LICENSE APPLICATION DENIAL, LICENSE REVOCATION, OR EXCLUSION FROM A LICENSED FACILITY/ORGANIZATION.

I declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and that my responses and any accompanying attachments are true and correct.			
FACILITY/ORGANIZATION NAME		FACILITY/ORGANIZATION NUMBER	
YOUR NAME (<i>PRINT CLEARLY</i>)	YOUR ADDRESS	CITY	ZIP
SOCIAL SECURITY NUMBER (<i>SEE PRIVACY STATEMENT ON REVERSE SIDE</i>)	DATE OF BIRTH	DMV LICENSE NUMBER	
SIGNATURE		DATE	

I. Instructions to Respondents:

If you have been convicted of a crime in California, another state or in federal court, provide the following information:

(You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.)

What was the offense? _____

In which state and city did you commit the offense? _____

When did this occur? _____

Tell us what happened. (Use additional sheets of paper if needed) _____

I certify under penalty of perjury that the above information is true and correct to the best of my knowledge.

Signature _____ **Date** _____

II. Instructions to Licensees:

If the person discloses a criminal conviction, review the person's statement and discuss it with your Licensing Program Analyst (LPA). Maintain this form in your facility/organization personnel file and send a copy to your LPA.

PRIVACY STATEMENT

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code section 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

In order to be licensed, work at, or be present at, a licensed facility/organization, the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568.09, 1569.17, 1596.871, and 1796.19). The Department will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records containing your personal information maintained by the Department (Civil Code section 1798 et seq.). Under the California Public Records Act, the Department may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters.

NOTE: IMPORTANT INFORMATION

The Department is required to tell people who ask, including the press, if someone in a licensed facility/organization has a criminal record exemption. The Department must also tell people who ask, the name of a licensed facility/organization that has a licensee, employee, resident, or other person with a criminal record exemption.

If you have any questions about this form, please contact your local licensing regional office.