



COMMUNITY ACTION AGENCY OF BUTTE COUNTY, INC.

370 Ryan Avenue, Suite 124; Chico, California 95973; Phone: (530) 712-2600; Fax: (530) 895-1848

APPLICATION PACKET FOR THE POSITION OF:

TEACHER AIDE

SALARY RANGE: 17 (\$8.92 - \$11.44)

CLOSING DATE: N/A

(SUFFICIENT NUMBER OF QUALIFIED APPLICATIONS MUST BE RECEIVED.)

IMPORTANT INFORMATION BELOW: PLEASE READ CAREFULLY!

APPLICATION PACKET INSTRUCTIONS:

COMPLETE ALL PAGES OF THE AGENCY APPLICATION. YOUR SIGNATURE IS REQUIRED. Do **NOT** USE "SEE RESUME" AS AN ANSWER FOR ANY INFORMATION REQUESTED ON THE APPLICATION. **FAILURE TO COMPLETE AND PROVIDE ALL OF THE REQUIRED INFORMATION WILL RESULT IN THE REJECTION OF YOUR APPLICATION.**

COVER LETTER (REQUIRED)

RESUME (REQUIRED)

LETTERS OF RECOMMENDATION (REQUIRED)

JOB RELATED TRANSCRIPTS AND/OR CERTIFICATES (REQUIRED)

INCLUDE COLLEGE TRANSCRIPTS AND/OR JOB RELATED CERTIFICATES.

PLEASE SUBMIT APPLICATION PACKET IN THE FOLLOWING ORDER:

1. COVER LETTER (REQUIRED)
2. AGENCY APPLICATION (REQUIRED)
3. RESUME (REQUIRED)
4. LETTERS OF RECOMMENDATION (REQUIRED)
5. JOB RELATED TRANSCRIPTS AND/OR CERTIFICATES (REQUIRED)
6. REFERENCE AND BACKGROUND CHECK PERMISSION (REQUIRED)
7. AFFIRMATIVE ACTION QUESTIONNAIRE (OPTIONAL)

PLEASE NOTE THAT IT IS YOUR RESPONSIBILITY TO PROVIDE ALL COPIES OF DOCUMENTS YOU ARE SUBMITTING. **THE COMMUNITY ACTION AGENCY DOES NOT MAKE COPIES FOR APPLICANTS.** INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

Teacher Aide

DEFINITION

Under direct supervision of a teacher and/or supervisor, to provide child care services for children 0-5; to help plan and implement age-appropriate child activities and curriculum; to provide guidance, supervision, and coaching for learning and educational activities; to prepare reports and other necessary child related documents; and to do related work as required.

DISTINGUISHING CHARACTERISTICS

This is a general support classification for the positions that provide child care assistance for children in various programs under Community Action Agency of Butte Co., Inc.

CLASSIFICATIONS SUPERVISED

This is not a supervisory classification.

EXAMPLES OF IMPORTANT AND ESSENTIAL DUTIES *(The following is used as a partial description and is not restrictive as to duties required.)*

- Performs a variety of child care assistance assignments;
- Oversees children's recreational and learning activities;
- May feed, change diapers, and entertain infants/toddlers (depending on the program to which the employee is assigned);
- Interacts with infants/toddlers and/or preschoolers in the assigned program;
- May performs circle time, reading, and learning activities;
- Provides physical and emotional basis needs and supervises children 0-5, promoting health and safety;
- Prepares meals and bottles for infants;
- May plan and carry out art projects;
- May provides assistance with homework, if applicable to the program;
- May oversees children on field trips, if applicable to the program;
- Maintains a clean and orderly environment.

TYPICAL PHYSICAL REQUIREMENTS

Frequently sit, stand and walk for extended periods; stoop, kneel, and crouch to pick up or move objects and children; sit and/or crawl on floor to interact with children 0-5 years; physical ability to lift and carry objects weighing up to 40 pounds without assistance; normal manual dexterity and eye-hand coordination; corrected hearing and vision to normal range; verbal communication; operate office equipment.

TYPICAL WORKING CONDITIONS

Stand, walk, and able to move quickly when child safety requires; frequently sits, kneels, crawls on floor to interact with children 0-5; normal manual dexterity and eye-hand coordination; lift and carry infants and small children weighing up to 40 lbs.; corrected hearing and vision to normal range; and verbal communication. May work with and/or have continuous contact with infants, children, other staff, and the public. A Teacher Aide who meets the educational requirements may escort and/or assist children in going to the bathroom, and may supervise napping children without being under the direct supervision of a teacher.

REQUIRED QUALIFICATIONS

Knowledge of:

- Proper English usage, grammar, spelling, punctuation, and vocabulary.
- Infant/ toddler and children’s basic needs routines and behaviors.
- Appropriate reading, writing, and mathematical skills.

Ability to:

- Maintain a firm, patient, and courteous attitude toward infants, children, and parents.
- Learn methods and procedures required to be followed in an assigned recreational and learning exercises.
- Read and learn Agency policies related to the conduct, health and safety of infants and children.
- Follow oral and written instructions.
- Effectively communicate both orally and in writing.
- Understand the needs of infants and children and relate to those needs in a variety of situations.
- Operate standard office equipment.
- Communicate tactfully and effectively with children and parents.
- Maintain the security and confidentiality of specified information and records.
- Prepare and maintain records and routine reports.
- Work on own initiative without close supervision.
- Establish and maintain cooperative working relationships.
- Maintain and observe all safety precautions and practices

Training and Experience: Any combination of training and experience which would likely provide the required knowledge and abilities is qualifying. A typical way to obtain the required knowledge and abilities would be:

- Completion of six (6) postsecondary semester or equivalent quarter units in early childhood education or child development **OR**
- Completion of at least two (2) postsecondary semester or equivalent quarter units in early childhood education or child development **AND**
- Continuation in the educational program each semester or quarter until six (6) units have been completed
- Some previous experience working with children 0-5 is highly desirable.

Special Requirements:

None

CERTIFICATION:

I certify that I have read and understand the duties and responsibilities of my job description as outlined above.

(Employee’s Signature)

(Date)

Community Action Agency of Butte County, Inc. personnel are employed on an **at-will basis**. Employment at-will may be terminated with or without cause and with or without notice at any time by the employee or the Agency.

Original to Personnel File, copy to employee



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EMPLOYMENT APPLICATION

SO THAT YOU WILL RECEIVE FULL CONSIDERATION FOR EMPLOYMENT OPPORTUNITIES AT COMMUNITY ACTION AGENCY OF BUTTE COUNTY, INC., PLEASE BE CERTAIN TO FILL IN ALL THE SPACES ON THE AGENCY'S APPLICATION FORM. **IF ANY INFORMATION IS MISSING, YOUR APPLICATION MAY BE REJECTED.**

APPLYING FOR THE POSITION OF: _____

NAME: _____
FIRST MIDDLE LAST

OTHER NAMES USED: _____

PHONE: () MESSAGE PHONE: () SOC. SEC. No.: _____

ADDRESS: _____
STREET ADDRESS CITY STATE ZIP CODE

MAILING ADDRESS: _____
IF DIFFERENT FROM STREET ADDRESS

DRIVER'S LICENSE No.: _____ CLASS: _____ EXPIRATION DATE: _____

EMPLOYMENT ELIGIBILITY VERIFICATION:

CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? YES NO

LIST ANY RELATIVE NOW WORKING FOR THIS AGENCY (PLEASE ATTACH ADDITIONAL SHEETS IF NECESSARY): NOT APPLICABLE

NAME: _____ RELATIONSHIP: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? YES NO

IF YOU ANSWERED **YES** TO THE ABOVE QUESTION, USE THE SPACE BELOW TO EXPLAIN. (PLEASE ATTACH ADDITIONAL SHEETS IF NECESSARY)

EDUCATION AND TRAINING

PLEASE READ THE MINIMUM QUALIFICATIONS SECTION ON THE JOB DESCRIPTION BEFORE FILLING OUT THIS SECTION. PLEASE LIST SPECIFICS THAT QUALIFY YOU FOR THE POSITION, WHICH YOU ARE APPLYING. FAILURE TO LIST REQUIRED QUALIFICATIONS WILL ELIMINATE YOUR FROM CONSIDERATION.

TYPE OF SCHOOL	NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?	MAJOR	LIST DEGREE OR DIPLOMA
HIGH SCHOOL					
COLLEGE OR UNIVERSITY					
VOCATIONAL, TRADE OR BUSINESS					

LICENSES/CERTIFICATES (ATTACH DOCUMENTATION):

EXPERIENCE AND EMPLOYMENT HISTORY:

PROVIDE THE PAST TEN (10) YEARS OR MORE OF PREVIOUS EMPLOYMENT HISTORY (FULL-TIME, PART-TIME, PAID, UNPAID OR VOLUNTEER) PERTINENT TO THE POSITION FOR WHICH YOU ARE APPLYING. **DO NOT USE "SEE RESUME" FOR ANY OF THE REQUESTED INFORMATION ON THIS FORM.** RESUMES MAY BE ATTACHED, BUT WILL NOT BE ACCEPTED IN PLACE OF A PROPERLY COMPLETED CAABCI EMPLOYMENT APPLICATION FORM. ACCOUNT FOR ALL PERIODS (THREE (3) MONTHS OR MORE) OF UNEMPLOYMENT. PLEASE ATTACH ADDITIONAL SHEETS IF NEEDED.

FROM:	TO:	<u>JOB TITLE:</u>	<u>EMPLOYER NAME:</u>	<u>PHONE NO.:</u> ()
_____	_____			
(MM/DD/YYYY)	(MM/DD/YYYY)	<u>SUPERVISOR'S NAME/TITLE:</u>	<u>ADDRESS:</u>	
TOTAL: _____ YR. _____ MO.				
HOURS PER WEEK: _____		SALARY: \$ _____ PER _____	NO. SUPERVISED: _____	<u>REASON FOR LEAVING:</u>
IF YOU ARE CURRENTLY EMPLOYED, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>				
<u>DUTIES:</u>				
FROM:	TO:	<u>JOB TITLE:</u>	<u>EMPLOYER NAME:</u>	<u>PHONE NO.:</u> ()
_____	_____			
(MM/DD/YYYY)	(MM/DD/YYYY)	<u>SUPERVISOR'S NAME/TITLE:</u>	<u>ADDRESS:</u>	
TOTAL: _____ YR. _____ MO.				
HOURS PER WEEK: _____		SALARY: \$ _____ PER _____	NO. SUPERVISED: _____	<u>REASON FOR LEAVING:</u>
<u>DUTIES:</u>				
FROM:	TO:	<u>JOB TITLE:</u>	<u>EMPLOYER NAME:</u>	<u>PHONE NO.:</u> ()
_____	_____			
(MM/DD/YYYY)	(MM/DD/YYYY)	<u>SUPERVISOR'S NAME/TITLE:</u>	<u>ADDRESS:</u>	
TOTAL: _____ YR. _____ MO.				
HOURS PER WEEK: _____		SALARY: \$ _____ PER _____	NO. SUPERVISED: _____	<u>REASON FOR LEAVING:</u>
<u>DUTIES:</u>				

LIST ANY FOREIGN LANGUAGE:

SPEAK: _____

WRITE: _____

WILL YOU BE ABLE TO PERFORM THE ESSENTIAL JOB FUNCTIONS WITH OR WITHOUT REASONABLE ACCOMMODATIONS?

Yes No

REFERENCES: LIST BELOW THREE (3) PERSONS NOT RELATED TO YOU WHO HAVE KNOWLEDGE OF YOUR WORK PERFORMANCE WITHIN THE LAST THREE (3) YEARS. PROFESSIONAL REFERENCES ARE PREFERABLE.

NAME	ADDRESS	PHONE	OCCUPATION	YEARS KNOWN

PLEASE STATE ANY PREVIOUS EXPERIENCES THAT QUALIFY YOU FOR THE POSITION WHICH YOU ARE APPLYING. _____

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN CONNECTION WITH THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION IS GROUNDS FOR DISQUALIFICATION FOR FURTHER CONSIDERATION FOR EMPLOYMENT AND/OR IMMEDIATE TERMINATION OF EMPLOYMENT IF DISCOVERED AT A LATER DATE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN. I FURTHER AUTHORIZE THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL PERTINENT INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT, PERSONAL OR OTHERWISE. I RELEASE ALL PARTIES FROM LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING THE SAME TO YOU. **I UNDERSTAND THAT COMMUNITY ACTION AGENCY OF BUTTE COUNTY, INC. IS AN AT-WILL EMPLOYER.**

APPLICANT'S SIGNATURE REQUIRED

DATE



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**REFERENCE AND BACKGROUND CHECK PERMISSION
FOR PROSPECTIVE EMPLOYEE**

I HEREBY AUTHORIZE ALL CORPORATION, COMPANIES, AGENCIES, CREDIT AGENCIES, SCHOOLS, GOVERNMENT AGENCIES, MILITARY SERVICES AND FORMER EMPLOYERS TO RELEASE INFORMATION THEY MAY HAVE ABOUT ME TO “COMMUNITY ACTION AGENCY OF BUTTE COUNTY, INC.” OR ITS AGENTS AND EMPLOYEES, AND RELEASE ALL PERSON OR COMPANIES/AGENCIES FROM ANY LIABILITY OR RESPONSIBILITY FROM DOING SO.

FURTHER, I AUTHORIZE THE PROCUREMENT OF A CONSUMER REPORT AND CREDIT CHECK, AND UNDERSTAND THAT SUCH A REPORT MAY CONTAIN INFORMATION ABOUT MY BACKGROUND, CHARACTER, AND PERSONAL REPUTATION. I UNDERSTAND THAT THIS NOTICE WILL ALSO APPLY TO ANY FUTURE UPDATE REPORTS THAT MAY BE REQUESTED.

SOCIAL SECURITY NUMBER: _____-_____-_____

APPLICANT’S SIGNATURE: _____

APPLICANT’S PRINTED NAME: _____

DATE: ____/____/____

