



First 5 Madera County is accepting applications for the following position. This is a fair employment practices agency and position vacancies are open to all without regard to race, religion, ancestry, or sex.

## Early Childhood Analyst (ECA)

### SUMMARY:

Under the direction of the Early Childhood Specialist (ECS), this position is responsible for administrative and program support duties to assist the ECS with Improve and Maximize Programs so All Children Thrive (IMPACT) requirements; organize office activities and calendars, maintain and coordinate flow of communications for the assigned administrator especially with regards to the IMPACT consortia, maintain data systems and reporting strategies, and at a limited level, perform required assessments at identified sites.

### QUALIFICATIONS:

BA degree in Education, Child Development, or related field required. Experience may be substituted for education. At least 2 years of experience as quality improvement coach, organizer or active improvement team participant, working in teams, and clerical/administrative duties. Bilingual in Spanish (oral/written) preferred. Valid California Class C driver's license. Must pass a background clearance. The successful candidate must be cleared by the Department of Justice prior to employment as required by law.

### SALARY:

Range 40  
Salary \$42,984

### BENEFITS:

Health, Dental and Vision Insurance  
(Options available with varying employee contributions)

### DEADLINE TO SUBMIT APPLICATION:

Friday, July 22, 2016 by 4 p.m.

Submit application items to:

Mang Thao, Human Resources  
First 5 Madera County  
525 E. Yosemite Avenue, Madera CA 93638

### APPLICATION PROCEDURE

The following items must be submitted:

1. Letter of Intent (reasons for seeking position)
2. Completed Application for Employment
3. Resume
4. Letters of Reference (minimum 2)

### SELECTION PROCEDURE

Applications will be reviewed by a screening committee. Interview dates will be individually arranged for selected applications.

# APPLICATION FOR EMPLOYMENT

WE APPRECIATE YOUR INTEREST IN FIRST5 MADERA COUNTY. AS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER, WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, GENDER IDENTITY, AGE, DISABILITY, VETERAN'S STATUS, MARITAL STATUS, NATIONAL ORIGIN, ANCESTRY, PREGNANCY, CITIZENSHIP, MEDICAL CONDITION, OR ANY OTHER CLASSIFICATION PROTECTED BY LAW. A CLEAR UNDERSTANDING OF YOUR BACKGROUND AND WORK HISTORY WILL HELP US EVALUATE YOUR QUALIFICATIONS FOR EMPLOYMENT.

## PERSONAL

LASTNAME		FIRSTNAME		MIDDLENAME		DATE
PERMANENT ADDRESS			CITY	STATE	ZIP	TELEPHONE ( ) -
ARE YOU LESS THAN 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF HIRED, CAN YOU PROVIDE PROOF OF IDENTITY AND LEGAL AUTHORIZATION TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		OTHER NAME(S) UNDER WHICH YOU HAVE BEEN PREVIOUSLY EMPLOYED AND/OR ATTENDED SCHOOL		
HAVE YOU EVER APPLIED TO THIS ORGANIZATION BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, GIVE DATE(S) AND POSITION(S) APPLIED FOR			
HAVE YOU EVER BEEN EMPLOYED BY OUR ORGANIZATION BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, GIVE DATES OF EMPLOYMENT		ARE YOU WILLING TO WORK OVERTIME, OR A FLEXIBLE WORK SCHEDULE?		
IN CASE OF EMERGENCY, NOTIFY: ( ) - DAY						
NAME		ADDRESS		TELEPHONE: ( ) -		NIGHT

## EMPLOYMENT INTERESTS

POSITION DESIRED OR AREA OF INTEREST	SECOND CHOICE	DATE AVAILABLE	SALARY/ WAGE EXPECTED:
TYPE OF EMPLOYMENT YOU ARE SEEKING: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SUMMER		SHIFTS YOU CAN WORK: <input type="checkbox"/> DAY <input type="checkbox"/> SWING <input type="checkbox"/> NIGHT	
HOW WERE YOU REFERRED TO OUR ORGANIZATION? <input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> OTHER COMPANY <input type="checkbox"/> UNEMPLOYMENT AGENCY <input type="checkbox"/> SELF <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> SCHOOL <input type="checkbox"/> STAFFING SERVICE <input type="checkbox"/> OTHER		NAME OF REFERRAL SOURCE OR IF SELF, PLEASE EXPLAIN:	

## EDUCATION/ PROFESSIONAL SKILLS

SCHOOL OR INSTITUTION	NAME AND ADDRESS OF INSTITUTION	MAJOR	NUMBER OF YEARS / MONTHS ATTENDED	DIPLOMA(S), DEGREE(S) AND/OR CERTIFICATES
HIGH SCHOOL				
COLLEGE				
OTHER				

HONORS OR AWARDS RECEIVED:	PROFESSIONAL CERTIFICATES OR LICENSES HELD:	ARE YOU TAKING ANY EDUCATIONAL COURSE PRESENTLY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT AND WHERE
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PRESENT COMMUNITY AND/OR PROFESSIONAL AFFILIATIONS/ OFFICES HELD (The Company is only seeking information relevant for purposes of the applicant's qualifications for the position(s) desired.)

YOU MAY EXCLUDE AFFILIATIONS WHICH MAY INDICATE RACE, COLOR, ANCESTRY, SEX, SEXUAL ORIENTATION, GENDER IDENTITY, MARITAL STATUS, PREGNANCY, CITIZENSHIP, MEDICAL CONDITION, DISABILITY, VETERAN'S STATUS, RELIGION, AGE, NATIONAL ORIGIN OR ANY OTHER CLASSIFICATION PROTECTED BY LAW.

PLEASE LIST U.S. MILITARY DUTIES AND/ OR SPECIAL TRAINING WHICH YOU BELIEVE ARE RELEVANT TO THE POSITION(S) DESIRED:

## EMPLOYMENT HISTORY

GIVE EMPLOYMENT RECORD AS COMPLETELY AS POSSIBLE, LISTING CURRENT OR MOST RECENT EMPLOYER FIRST. SHOW UNEMPLOYED OR SELF-EMPLOYED PERIODS AND INDICATE DATES AND COMMENT ON EACH PERIOD. INCLUDE PART TIME OR SUMMER WORK. YOU MAY USE THE SPACE PROVIDED BELOW OR THE LAST PAGE FOR ADDITIONAL INFORMATION.

COMPANY NAME (Current or Last)		DATES EMPLOYED (Month/Year)	
ADDRESS:		TELEPHONE:	FROM: TO:
		( ) -	BASE RATE OF PAY (Hr./Wk./Mth.)
JOB TITLE:	SUPERVISOR'S NAME AND TITLE		START: END:
DESCRIPTION OF DUTIES:		TYPE OF BUSINESS:	
		REASON FOR LEAVING?	
		MAY WE CONTACT THIS EMPLOYER/SUPERVISOR?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
COMPANY NAME (Current or Last)		DATES EMPLOYED (Month/Year)	
ADDRESS:		TELEPHONE:	FROM: TO:
		( ) -	BASE RATE OF PAY (Hr./Wk./Mth.)
JOB TITLE:	SUPERVISOR'S NAME AND TITLE		START: END:
DESCRIPTION OF DUTIES:		TYPE OF BUSINESS:	
		REASON FOR LEAVING?	
		MAY WE CONTACT THIS EMPLOYER/SUPERVISOR?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
COMPANY NAME (Current or Last)		DATES EMPLOYED (Month/Year)	
ADDRESS:		TELEPHONE:	FROM: TO:
		( ) -	BASE RATE OF PAY (Hr./Wk./Mth.)
JOB TITLE:	SUPERVISOR'S NAME AND TITLE		START: END:
DESCRIPTION OF DUTIES:		TYPE OF BUSINESS:	
		REASON FOR LEAVING?	
		MAY WE CONTACT THIS EMPLOYER/SUPERVISOR?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
COMPANY NAME (Current or Last)		DATES EMPLOYED (Month/Year)	
ADDRESS:		TELEPHONE:	FROM: TO:
		( ) -	BASE RATE OF PAY (Hr./Wk./Mth.)
JOB TITLE:	SUPERVISOR'S NAME AND TITLE		START: END:
DESCRIPTION OF DUTIES:		TYPE OF BUSINESS:	
		REASON FOR LEAVING?	
		MAY WE CONTACT THIS EMPLOYER/SUPERVISOR?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
COMPANY NAME (Current or Last)		DATES EMPLOYED (Month/Year)	
ADDRESS:		TELEPHONE:	FROM: TO:
		( ) -	BASE RATE OF PAY (Hr./Wk./Mth.)
JOB TITLE:	SUPERVISOR'S NAME AND TITLE		START: END:
DESCRIPTION OF DUTIES:		TYPE OF BUSINESS:	
		REASON FOR LEAVING?	
		MAY WE CONTACT THIS EMPLOYER/SUPERVISOR?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

## SUPPLEMENTAL INFORMATION

HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM ANY EMPLOYMENT?     YES     NO    IF YES, PLEASE EXPLAIN.


ADDITIONAL COMMENTS ON QUALIFICATIONS (Employment History, Professional Skills and/or Education):


## REFERENC ES

LIST FIVE (5) PEOPLE WE MAY CONTACT WHO ARE QUALIFIED TO EVALUATE YOUR CAPABILITIES (Do not include relatives.)

<b>1. NAME</b>		<b>OCCUPATION</b>		<b>YEARS KNOWN</b>
ADDRESS		CITY		STATE      ZIP
PHONE NUMBER (    ) -    -    -	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	E-MAIL ADDRESS	BEST TIME TO CONTACT?	
<b>2. NAME</b>		<b>OCCUPATION</b>		<b>YEARS KNOWN</b>
ADDRESS		CITY		STATE      ZIP
PHONE NUMBER (    ) -    -    -	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	E-MAIL ADDRESS	BEST TIME TO CONTACT?	
<b>3. NAME</b>		<b>OCCUPATION</b>		<b>YEARS KNOWN</b>
ADDRESS		CITY		STATE      ZIP
PHONE NUMBER (    ) -    -    -	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	E-MAIL ADDRESS	BEST TIME TO CONTACT?	
<b>4. NAME</b>		<b>OCCUPATION</b>		<b>YEARS KNOWN</b>
ADDRESS		CITY		STATE      ZIP
PHONE NUMBER (    ) -    -    -	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	E-MAIL ADDRESS	BEST TIME TO CONTACT?	
<b>5. NAME</b>		<b>OCCUPATION</b>		<b>YEARS KNOWN</b>
ADDRESS		CITY		STATE      ZIP
PHONE NUMBER (    ) -    -    -	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	E-MAIL ADDRESS	BEST TIME TO CONTACT?	

## ACKNOWLEDGEMENT

Please be advised that First 5 Madera County maintains a drug-free workplace. Violation of the Company's drug and alcohol policy by an employee may lead to discipline up to and including discharge of employment. Applicants for regular employment with the First 5 Madera County who have received conditional offers of employment may be required to undergo a blood, urine or other laboratory test to screen for the presence of alcohol, illegal drugs, and/or controlled substances in their system. The test will be conducted at the First 5 Madera County's expense at a licensed facility designated by the Company. Prior to testing, each prospective employee must consent in writing to such a test, and must authorize the release of the test results to First 5 Madera County. If the test results are positive (i.e., the results confirm the presence of illegal drugs or controlled substances, or an unacceptable level of alcohol in the system), or if the test indicates that a false specimen was substituted or the specimen was tampered with or adulterated so as to render the test results invalid, the applicant will not be permitted to commence work for the Company.

First 5 Madera County does not discriminate against any applicant or employee on the basis of disability or medical condition, and the lawful use of prescribed medication will not be used as the basis for any adverse employment action. You may be required to provide information to the laboratory concerning lawfully prescribed drugs that you are taking, so that those drugs will not be considered a positive drug test result for employment or disciplinary purposes. Any information provided by you or your health care provider concerning your use of lawfully prescribed medications will be treated as confidential medical information.

Any acceptance of employment will be predicated upon the truthfulness of the statements contained in this application and made during the pre-employment process. Any misrepresentation, falsification or omission of information may result in denial of employment or, if hired, may result in termination.

Applicants for regular employment with the Company who have received conditional offers of employment may be required to consent to a consumer report, consumer credit report, and/or investigative consumer report as a condition of employment.

I EXPRESSLY AGREE AND UNDERSTAND THAT, IF EMPLOYED MY EMPLOYMENT IS FOR AN UNSPECIFIED TERM AND IS AT-WILL. ACCORDINGLY, EITHER I OR THE COMPANY CAN TERMINATE THE EMPLOYMENT RELATIONSHIP AT WILL AT ANY TIME, WITH OR WITHOUT CAUSE OR PRIOR NOTICE. THIS AT-WILL ASPECT OF MY EMPLOYMENT, WHICH INCLUDES THE RIGHT OF THE COMPANY TO DEMOTE, TRANSFER OR DISCIPLINE ME, OR CHANGE MY COMPENSATION, WITH OR WITHOUT CAUSE OR PRIOR NOTICE, CANNOT BE CHANGED, WAIVED OR MODIFIED, EXCEPT IN AN INDIVIDUALIZED WRITTEN EMPLOYMENT AGREEMENT, SIGNED BY BOTH ME AND THE COMPANY'S PRESIDENT.

Except as required in the performance of my duties, I understand and agree that I will not at any time during or after my employment use, disclose or disseminate any trade secret, confidential or other proprietary or generally undisclosed nature relating to the Company, or its products, customers, employees, plans or procedures. I agree to deliver to the Company any and all copies of confidential information, or other Company property, upon termination of the employment relationship or at any time upon the Company's request. I also agree not to solicit employees of the Company either during or for one year after employment to leave the Company and commence with another employer.

I further expressly acknowledge and agree that, to the fullest extent allowed by law, any controversy, claim or dispute between me and the Company (and/or any of its owners, directors, officers, employees, affiliates, or agents) relating to or arising out of my employment or the cessation of that employment will be submitted to final and binding arbitration in the county in which I worked for determination in accordance with the American Arbitration Association's ("AAA") National Rules for the Resolution of Employment Disputes, as the exclusive remedy for such controversy, claim or dispute.

In any such arbitration, the parties may conduct discovery to the same extent as would be permitted in a court of law. The arbitrator shall issue a reasoned, written decision, and shall have full authority to award all remedies that would be available in court. The Company shall pay all arbitrator's fees and any AAA administrative expenses. Any judgment upon the award rendered by the arbitrator may be entered in any court having jurisdiction thereof. Possible disputes covered by the above include (but are not limited to) unpaid wages, breach of contract, torts, violation of public policy, discrimination, harassment, or any other employment-related claims under laws including but not limited to, Title VII of the Civil Rights Act of 1964, the Americans With Disabilities Act, the Age Discrimination in Employment Act, applicable State laws, and any other statutes or laws relating to an employee's relationship with his/her employer, regardless of whether such dispute is initiated by me or the Company.

This bilateral arbitration agreement fully applies to any and all claims that the Company may have against me, including but not limited to, claims for misappropriation of Company property, disclosures of proprietary information or trade secrets, interference with contract, trade libel, gross negligence, or any other claim for alleged wrongful conduct or breach of the duty of loyalty. However, claims for workers' compensation benefits, unemployment insurance and those arising under the National Labor Relations Act (or other claims where mandatory arbitration is prohibited by law) are not covered by this arbitration agreement, and such claims may be presented by either the Company or me to the appropriate court or government agency.

**BY AGREEING TO THIS BINDING MUTUAL ARBITRATION PROVISION, BOTH First 5 Madera County AND I GIVE UP ALL RIGHTS TO A TRIAL BY JURY.** This bilateral arbitration agreement is to be construed as broadly as is permissible under applicable law.

I acknowledge that I have read all of the above statements and that I understand them. In addition, the statements above supersede and replace any prior understandings or discussions I have had with the Company and set forth the complete integrated agreement between me and the Company regarding these issues.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_