



# KITSAP COMMUNITY RESOURCES (KCR) 2020/2021 AMERICORPS PROGRAM APPLICATION



"A PUBLIC BENEFIT AGENCY"

845 8<sup>th</sup> Street – Bremerton, WA 98337

(360)473-2015

KCR/AmeriCorps is an Equal Opportunity Employer. Please print clearly in ink or type.

Applications may be submitted delivered to or mailed to: KCR/AmeriCorps – 845 8<sup>th</sup> Street – Bremerton, WA 98337

**To Applicant:** We sincerely appreciate your interest. A clear understanding of your background and work history will aid us in considering you for the position that best meets your qualifications and our needs. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.** A resume may be attached if desired. (Use additional sheets, if necessary.)

**Were you formerly** in AmeriCorps, VISTA, NCCC or a member of another National Service Program?  Yes  No

**IF YES** Number of Terms? \_\_\_\_\_ Program served with (include city/State) \_\_\_\_\_  
Type of terms you served: Full time: \_\_\_\_\_ Part time: \_\_\_\_\_ Reduced half time: \_\_\_\_\_ Minimum time: \_\_\_\_\_

**General Information** **Current Date** (month, day, year) \_\_\_\_\_ **Date of Birth** (month, day, year) \_\_\_\_\_

**Full Legal Name as it Appears on Social Security Card** (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_

**Home and/or Cell Phone Number** \_\_\_\_\_ **Business or Message Phone** \_\_\_\_\_

**Mailing Address** (Number & Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

**Physical Address if different** (Number & Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

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

**If selected you must show proof of legal right to work in the United States.**

**This includes Social Security Card, Identification Card with picture and Birth Certificate or visa.** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_

The following are the positions available for the 2020/2021 KCR/AmeriCorps program. Please place a number from 1 to 3 in the space beside the position for which you are applying indicating your personal preference (1 = highest preference, 3 = lowest preference). **(No more than 3 positions may be applied for.)** Number “( )” of positions for host sites or additional host sites are subject to change.

- \_\_ KCR/Housing (Housing Support Specialist) (1)
- \_\_ KCR/Employment & Training (SK Site)(WIOA Facilitator) (1)
- \_\_ KCR/Employment & Training (LPA Facilitator) (1)
- \_\_ Skookum Contract Services (Vocational Mentor) (1) \_\_
- \_\_ YWCA (Domestic Violence Shelter Advocate) (1)
- \_\_ Dispute Resolution Center(Special Populations Assistant) (1)
- \_\_ Kitsap Conservation District (Community Garden/Conservation Specialist) (2)
- \_\_ Housing Kitsap (Construction Volunteer Facilitator) (1)
- \_\_ Kitsap County Department of Emergency Management (Community & Youth Disaster Education) (1)
- \_\_ Kitsap Strong-Graduate Strong (GS Future Bound Activities Facilitator) (1)
- \_\_ Catalyst Public Schools (Operations Support) (2)
- \_\_ Catalyst Public Schools (Middle School Support) (2)
- \_\_ Kitsap Building Association (1)

\*Any pending new sites not listed currently, will be sent out to all applicant for consideration.

- **Positions may require a valid Washington Driver’s License and the ability to be insured by the host agencies. If you are applying for these positions, you must provide a valid license, agree to a driving record check and be able to be insured by the host agencies’ insurance companies prior to being selected.**
- **Head Start/ECEAP positions require that candidates have a TB test and valid food handler’s card prior to starting. Individuals chosen after interviews will be given the opportunity to get their TB test completed and obtain a food handler’s permit as a part of the background check process. They must be obtained prior to the start date.**
- **If selected, KCR/AmeriCorps members are subject to directed urinalysis testing throughout their service period. By signing this application you are agreeing to submit to directed urinalysis.**

**Additional Information**

Do you have transportation to and from required work sites? Yes No

List any acquaintances or relatives working for KCR

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

● If selected, all KCR/AmeriCorps members must agree to the following background checks: FBI fingerprint, Washington State Patrol, and National Sex Offender Registry check. Your participation in the KCR/AmeriCorps program is not official until satisfactory checks have been obtained.

● To aid the KCR/AmeriCorps program in processing the required background checks, please attach a copy of your driver's license or government issued ID with your full legal name on it to this application.

**High School Education or Equivalent (\*required information)**

*High School Attended (list below)	*City/State of attendance	*Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No (if No fill in next row)	*Completion Month/Year
G.E.D. equivalency earned:		<input type="checkbox"/> Yes <input type="checkbox"/> No (if No fill in next row)	
If No to High School graduation or G.E.D. equivalency, <u>circle</u> or <u>underline</u> the	Highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12		

**COLLEGE, TRADE, BUSINESS OR OTHER SCHOOL ATTENDED**

Name and Location	Start	End	Qtr. Hrs.	Sem. Hrs.	Other	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Year	Major or Studies Taken
						<input type="checkbox"/> Yes <input type="checkbox"/> No		
						<input type="checkbox"/> Yes <input type="checkbox"/> No		
						<input type="checkbox"/> Yes <input type="checkbox"/> No		

Licenses and/or Certificates you possess: \_\_\_\_\_

Special Skills and/or equipment you can operate: \_\_\_\_\_

Languages you speak besides English and proficiency: \_\_\_\_\_  
(Include ASL) [Proficiency scale: Elementary, Limited, Professional, bilingual]

**Volunteer Work Experience**

If you have skills or experience gained through hobbies, civic, or volunteer work that you believe are relevant to the position for which you are applying, please describe below. Volunteer work is computed at 173 hours equals one month of experience.

Organization/address where skills were obtained	Dates of Service Start End	Average hours served per month	Contact Person daytime phone #	Duties Performed

### Personal References

Give the name of three persons to whom you are not related and by whom you have not been employed. These people should have known you for at least three years. (References *will* be checked prior to hiring.)

Name First and Last	Address Street, City, State	Daytime Phone Number	Occupation	Years of Acquaintance

**Note:** Our practice is to contact previous employers for information as to your previous work experience, job suitability, and/or reasons for leaving. If you are currently employed and wish for us NOT to contact the employer until

- ① After mutual interest in the position has been established and
- ② You've had the opportunity to discuss the matter with your employer, please advise us of this at your interview.

### Employment History (including Military Service)

(You may attach an additional page or a resume to show additional employment or volunteer history.)

#### LAST OR PRESENT JOB (start with last or present position and work backward)

From Month \_\_\_\_\_ Year: \_\_\_\_\_ To Month \_\_\_\_\_ Year \_\_\_\_\_

Firm \_\_\_\_\_ Dept. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Business \_\_\_\_\_ Your Title \_\_\_\_\_

Total Time Employed Years \_\_\_\_\_ Months \_\_\_\_\_ Hours Worked per Week \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Immediate Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_ Office Phone \_\_\_\_\_

Specific Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

May we contact?  Yes  No

#### PREVIOUS JOB

From Month \_\_\_\_\_ Year: \_\_\_\_\_ To Month \_\_\_\_\_ Year \_\_\_\_\_

Firm \_\_\_\_\_ Dept. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Business \_\_\_\_\_ Your Title \_\_\_\_\_

Total Time Employed Years \_\_\_\_\_ Months \_\_\_\_\_ Hours Worked per Week \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Immediate Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_ Office Phone \_\_\_\_\_

Specific Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

May we contact?  Yes  No



**Kitsap Community Resources  
KCR/AmeriCorps  
Bremerton, WA 98337**

Dear Applicant:

**The completion of the following information is optional--you are not required to provide it.**

Our agency has an affirmative action plan. When all other factors are equal, preference is given to women, minorities, disabled persons and older workers. By law we cannot require you to give us the following information. However, if you wish to give it voluntarily, it may assist with our affirmative action plan and give us some idea about how effective our recruitment techniques may be. This information will be separated from the application prior to the screening process, and kept confidential. Refusal to provide this information will not have any adverse effect on you in the hiring process.

Thank you

**Date of Birth:**

**Sex:**

**RACE (CHECK AS APPLICABLE):**

- American Indian/Alaskan Native
- American Indian/Alaskan Native and Black/African American
- American Indian/Alaskan Native and White
- Asian
- Asian and White
- Black/African American
- Black/African American and White
- Native Hawaiian or Other Pacific Islander
- White
- Ethnicity: Also Hispanic
- Other Multi-Racial

**ARE YOU DISABLED?**

"Disabled: persons with physical, mental or sensory impairments that would impede that individual in obtaining and maintaining permanent employment and promotional opportunities. The impairment must be material rather than slight; static and permanent in that they are seldom fully corrected by medical replacement, therapy or surgical means."

Yes  No  If yes, state briefly your handicap: \_\_\_\_\_

Are you a Veteran? Yes  No

I understand that I am not required to give this information and that it is to be used for affirmative action purposes only.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

APPLICANT DISCLOSURE FOR  
PURSUANT TO CHAPTER 486, WASHINGTON STATE LAWS OF 1987 AND  
FEDERAL REGULATION 45CFR

CHILD/ADULT ABUSE INFORMATION ACT

Applicants for positions that will or may have unsupervised access to children or developmentally disabled persons must complete this form. In addition, background inquiries on these matters may be made to the Washington State Patrol, or to other state or federal law enforcement agencies. Information obtained from an applicant's disclosure statement or from these background inquiries do not necessarily prevent employment. This information will be considered in determining the applicant's character, suitability and competence to perform and may result in a denial of employment. Applicants must sign a release authorizing a background inquiry. Failure to do so, or to provide the disclosure statement, shall prevent the applicant from employment in these positions.

Answer YES or NO to each item listed. If the answer is YES to any item, explain in the area provided, including the charge or finding, the date and the court(s) involved.

1. Have you ever been convicted of any crimes against persons as defined in Section 1 of Chapter 486, Laws of 1987, and listed as follows: Aggravated murder; first or second degree murder; first or second degree kidnapping; first, second or third degree assault; first, second or third degree rape; first, second or third degree statutory rape; first or second degree robbery; first or second degree manslaughter; first degree arson; first degree burglary; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment?

ANSWER \_\_\_\_\_ IF YES, EXPLAIN BELOW

2. Have you ever been found in any dependency action under RCW 13.34.040(2) (b) to have sexually assaulted or exploited any minor or to have physically abused any minor?

ANSWER \_\_\_\_\_ IF YES, EXPLAIN BELOW

3. Have you ever been found by a court in any domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?

ANSWER \_\_\_\_\_ IF YES, EXPLAIN BELOW

4. Have you ever been found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor?

ANSWER \_\_\_\_\_ IF YES, EXPLAIN BELOW

Pursuant to RCW 9A. 72. 085, I certify that under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Applicant Signature \_\_\_\_\_

Date and Place \_\_\_\_\_

Witness (NON-RELATIVE) \_\_\_\_\_ Business or

Organization \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_