



COMMUNITY CHILD CARE COUNCIL OF SONOMA COUNTY

131-A STONY CIRCLE, SUITE 300 • SANTA ROSA, CA 95401
TEL 707-544-3077 FAX 707-544-2625
www.sonoma4cs.org info@sonoma4cs.org

ECES Substitute Application

Name _____ Date _____

Mailing Address _____

Home Phone _____ Message Phone _____

Social Security # _____

Check the position for which you are applying:

- Teacher (12 ECE units minimum)
- Teacher Assistant (6 ECE units minimum) Aide (no ECE unit requirements)

Do you have a CCTC Child Development Permit? Yes No

If yes, at what level: _____ If yes, expiration date: _____

Check the Centers at which you are willing to work:

- Bellevue SPS (Santa Rosa) Kirby CDC (SR) Healdsburg CDC Kawana SPS (SR)
- Old Elm CDC (Petaluma) Paulin Creek CDC (SR) Petaluma CDC Sonoma CDC
- Bennett Valley CDC (SR) Willow Creek SPS (SR) Windsor SPS WKJ. (Healdsburg)
- Wright SPS (SR)

Date available to work: _____

Days and Hours available to substitute: _____

Please list the languages you are able to speak, read and/or write:

LANGUAGE	SPEAK	READ	WRITE

REFERENCES

Please provide the names and telephone numbers of persons who will provide professional or character references on your behalf.

1. _____
2. _____
3. _____



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EMPLOYMENT — Please list your previous employers, beginning with the most recent:

Employer #1 Name _____

Address _____

Position/Title _____ From/To _____

Immediate Supervisor _____

Description of Duties _____

Employer #2 Name _____

Address _____

Position/Title _____ From/To _____

Immediate Supervisor _____

Description of Duties _____

MISCELLANEOUS

Have you ever been convicted of a felony? _____ If yes, please state date and reason why:

Within the past two years, have you been convicted of misdemeanor for which you were imprisoned? _____
If yes, please state the date and reason why in the space below. (Please note: a conviction will not necessarily disqualify any applicant from the job for which they applied.)

I hereby declare that i am free of communicable diseases and capable of caring for children. I understand that i must also submit a TB clearance.

APPLICANT'S SIGNATURE

DATE

NON-DISCRIMINATION POLICY

The Community Child Care Council of Sonoma County (4Cs) is an equal opportunity employer. It is our policy to provide equal employment opportunity to all applicants and employees. 4Cs will not allow discrimination on the basis of race, color, religion, creed, ancestry, national origin, sex, gender identity, sexual orientation, marital status, political affiliation, veteran's status, medical condition, physical or mental disability, or any other factor rendered unlawful by federal, state, or local law. This policy applies to all areas of employment, including recruitment, hiring, training, promotion, compensation, benefits and transfers. In addition, 4Cs prohibits the harassment of any individual.

All employment at 4Cs is at-will. In other words, each employee, as well as 4Cs, is free to end the employment relationship at any time, with or without notice, with or without cause, for any reason or no reason at all. This at-will relationship can be modified only if such modification is in writing and signed by the executive director.

APPLICANT'S SIGNATURE

DATE