



Head Start Child and Family Services, Inc.

*"Building Communities and
Strengthening Families"*

APPLICATION FOR EMPLOYMENT

NOTE: Please answer each question fully and accurately. No action can be taken on this application until all questions have been answered.

PLEASE PRINT

Position applying for: _____ Today's Date: _____

Name: _____ Phone #: _____

Address/City/State/Zip: _____

Are you 18 or older? _____ yes _____ no

Have you ever been employed by this agency? _____ If yes, please list date _____

Have you ever applied for employment at this agency? _____ If yes, please list date _____

Number of work days missed in the last 6 months: _____

Are you related to any agency employee, Board Member, or Policy Council Member? _____ If yes, please list name of person and relationship: _____

Has a court ever denied parental custodial or visitation rights as a result of child maltreatment? _____

If yes, please explain. _____

Have you ever been convicted of any of the following?

	Yes	No
a. Capital Murder	_____	_____
b. 1 st /2 nd degree murder	_____	_____
c. Manslaughter	_____	_____
d. 1 st /2 nd degree battery	_____	_____
e. Aggravated assault	_____	_____
f. Terroristic threatening	_____	_____
g. Kidnapping	_____	_____
h. 1 st degree false imprisonment	_____	_____
i. 1 st /2 nd degree rape or carnal abuse	_____	_____
j. 1 st /2 nd degree sexual abuse	_____	_____
k. 1 st /2 nd degree violation of a minor	_____	_____
l. Incest	_____	_____
m. 1 st degree endangering a minor	_____	_____
n. Permitting child abuse	_____	_____
o. Engaging children in sexually explicit conduct for use in visual or print medium, Transportation of minors for prohibited sexual conduct, use of a child or consent for use of a child in sexual performance by producing, directing or promoting sexual performance by a child.	_____	_____
p. Criminal attempt, criminal solicitation or criminal conspiracy to commit any of the above offenses.	_____	_____

WORK HISTORY: Please attach resume or list below all present and past employment beginning with most recent, covering all periods of time. If self-employed, please list business references. PLEASE USE MONTH AND YEAR WHEN USING DATES.

Employer Name Address (city, state) PHONE #	Dates: From/To	Duties	Last Supervisor	Reason For Leaving
1.	/			
2.	/			
3.	/			

Continue on a blank sheet of paper or on the back of this sheet if there is not enough room to list all employers for the past six years.

Are you now or do you expect to be engaged in other business or employment? If yes, please explain.

Explain any additional information (relative to name change, use of assumed name or nickname) necessary to enable us to check your work record. _____

EDUCATION

	Name and Location	Course of Study/Major	Highest Grade Completed	Did you Graduate?
High School/ GED				
College/ University				

Please provide a copy of high school diploma/GED or college diploma, transcript and teaching license (if attained).

College Major _____ Degree _____

Advanced degree or course work _____

Additional Education, Vocational, Technical Training Information _____

HEALTH: Can you perform the essential functions of this job with or without an accommodation? Yes _____ No _____ If no, please explain _____

REFERENCES: Please list name, complete address and phone numbers of three (3) people we may contact about you. (Please do not list relatives or former employers.)

1. Name _____ Phone # _____

Address _____

2. Name _____ Phone # _____

Address _____

3. Name _____ Phone # _____

Address _____

NARRATIVE:

Why do you want to work in our program? _____

What do you feel best qualifies you for this job? _____

How did you learn about this job opening?

_____ Newspaper Ad _____ Agency Website _____ Current Employee
_____ Other (please explain) _____

AFFIDAVIT: I certify that everything in this application is true and correct to the best of my knowledge. I understand that misleading or incorrect statements or consequential omissions may render this application void, or if employed, would be cause for termination. I authorize individuals or institutions named above to give information regarding my employment, character and qualifications hereby releasing them from all liability for issuing such information. I also authorize Head Start Child & Family Services, Inc. to request a Motor Vehicle Records report in order to verify my driving record.

Signature _____ Date _____

Date employed _____ Date of separation _____