

EASTERN PLAINS HEAD START PROGRAM – APPLICATION FOR EMPLOYMENT

NOTE: ANY INCOMPLETE APPLICATION WILL NOT BE CONSIDERED FOR EMPLOYMENT

DATE: _____ CENTER: _____

PROGRAM APPLYING FOR: (Please Circle) Head Start Program and/or Early Head Start Program

POSITION APPLYING FOR: _____

NAME: Last _____ /First: _____ /Middle _____

MAILING ADDRESS:

_____ Street/PO Box City State Zip Code

TELEPHONE: (____) _____ SOCIAL SECURITY NUMBER: _____

EMAIL ADDRESS: _____

Are you a current or past Head Start Parent? Yes: ___/No: ___ If yes, when? _____ (school year/dates)

Indicate Languages you speak, read, and/or write:

| | PROFICIENT (list language) | MODERATE (list language) | LITTLE (list language) |
|-------|----------------------------|--------------------------|------------------------|
| SPEAK | | | |
| READ | | | |
| WRITE | | | |

EDUCATION

(ATTACH COPY OF DEGREE/ DIPLOMA/CERTIFICATE AND TRANSCRIPTS TO APPLICATION)

Indicate the highest level of education **COMPLETED**

- | | | |
|--|---|--|
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Associate degree | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> GED certificate | <input type="checkbox"/> Bachelor degree | <input type="checkbox"/> CDA (Child Development Associate) |

List for each degree earned: degree, field of study, institution, and year the degree was awarded:

| Degree | Field of Study | Institution | Award Year |
|--------|----------------|-------------|------------|
| | | | |
| | | | |

Volunteer Experience

(All information must be provided if volunteer time is to serve as qualified experience.)

Have you ever served as a volunteer in a Head Start classroom or similar child development program?

Yes: _____ No: _____

If yes, list the name of the organization: _____

Mailing Address:

_____ Street/PO Box City State Zip

Phone Number: (____) _____

During what dates did you serve as a volunteer? _____

Age(s) of the children? _____

Name of the person who was your supervisor: _____

What type of duties were you assigned?

EPCAA HEAD START PERSONAL/EMPLOYMENT HISTORY AND REFERENCE FORM

PLEASE LIST A PERSONAL REFERENCE (INDIVIDUAL NOT RELATED TO YOU) (Other than those listed on employment history)

| NAME | ADDRESS AND PHONE | Years Known | RELATIONSHIP | Verified By | Date |
|----------|-------------------|-------------|--------------|-------------|------|
| COMMENTS | | | | | |

EMPLOYMENT INFORMATION

List complete information for all employment and details of gaps in employment for the most recent three year period.

Begin with current or most recent employer.

Resumes may NOT be submitted in place of employment history.

If additional employment areas are needed please include information on back of application.

SHADED SECTIONS ARE FOR OFFICE USE ONLY

| EMPLOYMENT HISTORY | EMPLOYER #1 | Verified By | Date |
|---|-------------------------------------|-------------|------|
| Employer: | | | |
| Supervisor: | | | |
| Dates of Employment | From: _____ To: _____ | | |
| Address City, State Zip/Phone: | | | |
| Title/Duties | | | |
| Reason for leaving | | | |
| Person Contacted/Title: | | | |
| Was this employee's job performance acceptable? Specify. | | | |
| How was their relationship with co-workers? | | | |
| What was the applicant's reason for leaving? | | | |
| Is the Applicant eligible for re-hire? (if no specify reason) | | | |

| EMPLOYMENT HISTORY | EMPLOYER #2 | Verified By | Date |
|---|-------------|-------------|------|
| Employer: | | | |
| Supervisor: | | | |
| Dates of Employment | From: To: | | |
| Address City, State Zip/Phone: | | | |
| Title/Duties | | | |
| Reason for leaving | | | |
| Person Contacted/Title: | | Verified By | Date |
| Was this employee's job performance acceptable? Specify. | | | |
| How was their relationship with co-workers? | | | |
| What was the applicant's reason for leaving? | | | |
| Is the Applicant eligible for re-hire? (if no specify reason) | | | |

| EMPLOYMENT HISTORY | EMPLOYER #3 | Verified By | Date |
|---|-------------|-------------|------|
| Employer: | | | |
| Supervisor: | | | |
| Dates of Employment | From: To: | | |
| Address City, State Zip/Phone: | | | |
| Title/Duties | | | |
| Reason for leaving | | | |
| Person Contacted/Title: | | Verified By | Date |
| Was this employee's job performance acceptable? Specify. | | | |
| How was their relationship with co-workers? | | | |
| What was the applicant's reason for leaving? | | | |
| Is the Applicant eligible for re-hire? (if no specify reason) | | | |

EPCAA HEAD START PERSONAL/EMPLOYMENT HISTORY AND REFERENCE FORM

| EMPLOYMENT HISTORY | EMPLOYER #4 | Verified By | Date |
|---|-------------------------------------|--------------------|-------------|
| Employer: | | | |
| Supervisor: | | | |
| Dates of Employment | From: _____ To: _____ | | |
| Address City, State Zip/Phone: | | | |
| Title/Duties | | | |
| Reason for leaving | | | |
| Person Contacted/Title: | | Verified By | Date |
| Was this employee's job performance acceptable? Specify. | | | |
| How was their relationship with co-workers? | | | |
| What was the applicant's reason for leaving? | | | |
| Is the Applicant eligible for re-hire? (if no specify reason) | | | |

| EMPLOYMENT HISTORY | EMPLOYER #5 | Verified By | Date |
|---|-------------------------------------|--------------------|-------------|
| Employer: | | | |
| Supervisor: | | | |
| Dates of Employment | From: _____ To: _____ | | |
| Address City, State Zip/Phone: | | | |
| Title/Duties | | | |
| Reason for leaving | | | |
| Person Contacted/Title: | | Verified By | Date |
| Was this employee's job performance acceptable? Specify. | | | |
| How was their relationship with co-workers? | | | |
| What was the applicant's reason for leaving? | | | |
| Is the Applicant eligible for re-hire? (if no specify reason) | | | |

Are you currently certified in First Aide? Yes: ____/No: ____ if yes, list expiration date:

Are you currently certified in CPR? Yes: ____/No: ____ .If yes, list expiration date: _____

Would you be willing to be fingerprinted for employment purposes? Yes: ____/No: ____

DRIVERS LICENSE INFORMATION

ATTACH A DRIVING RECORD DATED WITHIN LAST 30 DAYS
AND A COPY OF CURRENT DRIVER'S LICENSE

State: _____ License Number: _____ Expiration Date: _____

**REMINDER: ANY INCOMPLETE APPLICATION WILL NOT BE CONSIDERED
FOR EMPLOYMENT.**

**COPIES OF DIPLOMA/DEGREE AND DRIVING RECORD MUST ALSO BE
ATTACHED TO BE CONSIDERED FOR EMPLOYMENT.**

Applicant's Certification:

I certify that the information contained in this application is correct and complete to the best of my knowledge and belief. I understand that knowingly making a false statement or omission in this application or interview(s) may be sufficient cause for rejection of the application or dismissal after employment. **By signing this application, I authorize EPCAA Head Start to conduct a background investigation, including employment checks, verification of education, and a criminal records check.**

SIGNATURE OF APPLICANT

DATE SIGNED

EQUAL OPPORTUNITY EMPLOYER

Qualified applicants are considered for all positions without regard to race, color religion, sex, national origin, age, marital or veteran status, or the presence of a medical condition or handicap, except when any of these factors would limit ability to perform required job duties.