

**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: \_\_\_\_\_ Date of Birth \_\_\_\_\_

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**

- High School Diploma                       Associate degree                       Master's degree
- GED certificate                               Bachelor degree                       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
<b>Employer:</b>			
<b>Supervisor:</b>			
<b>Dates of Employment</b>	<b>From:</b> _____ <b>To:</b> _____		
<b>Address City, State Zip/Phone:</b>			
<b>Title/Duties</b>			
<b>Reason for leaving</b>			
<b>Person Contacted/Title:</b>			
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			
<b>Person Contacted/Title:</b>		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			
<b>Person Contacted/Title:</b>		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
<b>Employer:</b>			
<b>Supervisor:</b>			
<b>Dates of Employment</b>	<b>From:</b> _____ <b>To:</b> _____		
<b>Address City, State Zip/Phone:</b>			
<b>Title/Duties</b>			
<b>Reason for leaving</b>			
<b>Person Contacted/Title:</b>		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
<b>Employer:</b>			
<b>Supervisor:</b>			
<b>Dates of Employment</b>	<b>From:</b> _____ <b>To:</b> _____		
<b>Address City, State Zip/Phone:</b>			
<b>Title/Duties</b>			
<b>Reason for leaving</b>			
<b>Person Contacted/Title:</b>		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 VALID NM 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.