

Date: _____

APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classification.

1. Name: _____
Last, First, Middle
Have You Worked Under or Used a Different Name? Yes No If yes, what name? _____
2. Address: _____
Street, City, State, Zip
3. Day Number: () _____ Evening Number: () _____ Are You Over 18 Years Old?: Yes No
4. Are You Authorized to Work in the U.S. on an Unrestricted Basis?: Yes No
5. Have You Worked for this Agency Before?: Yes No If Yes, When/Location: _____
6. Are You Acquainted with or Related to any current or former Child Development Council/Head Start Employee?:
 Yes No If yes, please identify name and relationship: _____
7. Are there any Hours, Shifts or Days you cannot or will not Work?: _____
8. Shift preferred: _____ (Full/Part-Time) Are you willing to work overtime as required?: Yes No
9. Are you able to perform the essential functions of the job with or without reasonable accommodation (Answer only after reviewing the position job description)?: Yes No
10. Are there any responsibilities or commitments that would keep you from meeting your work schedule?:
 Yes No If yes, please describe: _____
11. Have you ever been convicted of any felony which has not subsequently been removed from your record?:
 Yes No
(Conviction will not necessarily disqualify an applicant for employment). If yes, describe conditions: _____
12. As required by State law for positions in a licensed day-care facility, a State and/or National criminal record check must be performed before an employee is hired.

| EDUCATION | NAME AND LOCATION OF SCHOOL | MAJOR | DIPLOMA/DEGREE RECEIVED |
|--------------------------|-----------------------------|-------|-------------------------|
| High School | | | |
| College/University | | | |
| College/University | | | |
| Other Training/Education | | | |

In addition to your work history (reverse side), what other experiences, skills, or qualifications would especially fit you for work with our company?

POSITION(S) APPLIED FOR: 1. _____ 2. _____

WAGE or SALARY DESIRED? \$ _____ WHEN CAN YOU START? _____

REFERENCES: (Please give the required information of at least three persons not related to you, whom you have know at least one year.)

| NAME | ADDRESS | PHONE | POSITION/ACQUAINTANCE |
|------|---------|-------|-----------------------|
| | | | |
| | | | |
| | | | |

WORK HISTORY

May we contact your present employer? Yes No

List below the last three employers, starting with last one first.

| | | |
|-------------------------------------|-------------------------------------|--------------------------|
| <i>Most Recent Employer</i> | <i>Address</i> | <i>Telephone</i> |
| <i>Start Date/End Date</i> | <i>Starting Salary: \$ Per Hour</i> | <i>Starting Position</i> |
| <i>Name and Title of Supervisor</i> | <i>Reasons for Leaving</i> | |
| <i>Description of Duties</i> | | |
| <hr/> | | |
| <i>Most Recent Employer</i> | <i>Address</i> | <i>Telephone</i> |
| <i>Start Date/End Date</i> | <i>Starting Salary: \$ Per Hour</i> | <i>Starting Position</i> |
| <i>Name and Title of Supervisor</i> | <i>Reasons for Leaving</i> | |
| <i>Description of Duties</i> | | |
| <hr/> | | |
| <i>Most Recent Employer</i> | <i>Address</i> | <i>Telephone</i> |
| <i>Start Date/End Date</i> | <i>Starting Salary: \$ Per Hour</i> | <i>Starting Position</i> |
| <i>Name and Title of Supervisor</i> | <i>Reasons for Leaving</i> | |
| <i>Description of Duties</i> | | |
| <hr/> | | |

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements may result in dismissal. I authorize the Company to make an investigation of any of the facts set forth in this application.

Any offers of employment I may receive from the Company is contingent upon my successful completion of the company's total pre-employment screening process, including the company's receiving references that it considers satisfactory, and my satisfactory completion of any post offer pre-employment medical examination that the company may require. I also agree, if employed, to submit to a medical examination at any time at the company's request. I hereby consent to having the results of any post offer pre-employment or post employment medical exams I may be required to take disclosed to the Company.

I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of the company.

I authorize any request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.

I understand that employment at this Company is "at will", which means that either I or the Company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager of the Company, other than authorized persons, has any authority to alter the foregoing.

Date: _____ Applicant's Signature: _____

**AFFIDAVIT FOR APPLICANTS FOR EMPLOYMENT WITH A
CHILD - CARE FACILITY OR REGISTERED FAMILY HOME**

AN APPLICANT FOR EMPLOYMENT with a licensed child - care facility, residential or day -care, or registered family home whose employment or potential employment with the facility or registered family home involves the opportunity for or the direct interaction with children must execute and submit the following affidavit with the application for employment.

STATE OF _____

COUNTY OF _____

I swear or affirm under penalty of perjury that I do not now and I have not at any time, either as an adult or as juvenile:

1. Been convicted of;
2. Pleaded guilty to (whether or not resulting in a conviction);
3. Pleaded nolo contendere or no contest to;
4. Admitted;
5. Had any judgment or order rendered against me (whether by default or otherwise);
6. Entered into any settlement of an action or claim of;
7. Had any license, certification, employment, or volunteer position suspended, revoked, terminated, or adversely affected because of;
8. Been diagnosed as having or have been treated for any mental or emotional condition arising from;
9. Resigned under threat of termination of employment or volunteerism for;
10. Had a report of child abuse or neglect made and substantiated against me for; or
11. Have any pending criminal charges against me in this or any other jurisdiction for;

Any conduct, matter, or thing (irrespective of formal name thereof) constituting or involving (whether under criminal or civil law of any jurisdiction):

1. Any felony;
2. Rape or other sexual assault;
3. Physical sexual, emotional abuse and/or neglect of a minor;
4. Incest;
5. Exploitation, including sexual, of a minor;
6. Sexual misconduct with a minor;
7. Molestation of a child;
8. Lewdness or indecent exposure;
9. Lewd and lascivious behavior;
10. Obscene or pornographic literature, photographs, or videos;
11. Assault, battery, or any violent offense involving a minor;
12. Endangerment of a child;
13. Any misdemeanor or other offense classification involving a minor;
14. Unfitness as a parent or custodian;
15. Removing children from a state or concealing children in violation of a court order;
16. Restrictions of limitations on contact or visitation with children or minors;
17. Any type of child abduction; or,
18. Similar or related conduct, matters, or things.

Except the following (list all incidents, locations, description, and date) (if none, write NONE)

The failure or refusal of the applicant to sign or provide the affidavit constitutes good cause for refusal to hire the applicant.

Signed _____ Date: _____

Subscribed and sworn to (or affirmed) before me this _____ day or _____.

Signature of notarial officer: _____
(seal, if any, of notarial officer)

My commission expires: _____