

Child Development Council of Brazoria County
Sponsoring Agency For The
Brazoria County Head Start & Early Head Start Programs

Application Instructions and Information

Thank you for your interest in applying with CDC of Brazoria County Head Start.

- Please complete all areas of the Application for Employment fully and legibly that include:
 - Personal Information
 - Position applying for, location, salary
 - Numbered questions on first page
 - Education, Occupational License and Skills
 - References (Telephone and Addresses)
 - Employment History
 - Sign and date the Applicant's Certification and Agreement Statement
 - Affidavit Statement attached must be completed, signed and notarized for application to be considered for employment.
- Resume and supporting material may be attached; however, resume may not be used to replace employment history section.
- Applications will be considered for current vacancies at time of application. Applications are **not** kept on file; therefore, a new application must be submitted for any future vacancy.
- Applications may be submitted by mail or in person only.
- All positions will remain open and applications will be accepted until position is filled.

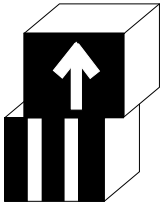
Note: Any job offered to applicant is contingent upon successful completion of a Criminal Background check (including FBI Fingerprinting); Drug Screen; Physical and Tuberculosis Test; and Motor Vehicle Record check. By signing application, applicant is stating that they understand and accept these conditions of employment should job offer be made.

Inquiries for employment with Brazoria County Head Start may be directed to:
CDC of Brazoria County Head Start
Attn: Human Resources Department
651 W. Miller Street
Angleton, TX 77515

(979) 849 –1881, Press Option 4 to hear current vacancies

Or visit our website

<http://www.headstartbc.org>



Child Development Council of Brazoria County
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APPLICATION FOR EMPLOYMENT
651 West Miller St. – Angleton, Texas 77515

Phone: (979) 849-1881
www.headstartbc.org

Date: _____

PERSONAL INFORMATION				
Last Name	First Name	Middle	Other Names (Maiden)	
Mailing Address		City	State	Zip Code
Home Phone () ()		Alternate Phone () ()		
Email Address				

POSITION		
Position(s) Desired	Salary Desired	Date Available to work
Check the location(s) in which you are willing to work:		
<input type="checkbox"/> Alvin	<input type="checkbox"/> Angleton	<input type="checkbox"/> Brazoria
<input type="checkbox"/> Freeport	<input type="checkbox"/> Lake Jackson	<input type="checkbox"/> Pearland
<input type="checkbox"/> Sweeny	<input type="checkbox"/> All	

1. You must be at least 18 years of age in order to be employed by Brazoria County Head Start. Do you meet this requirement?
() Yes () No
2. Do you have a valid driver's license?
() Yes () No How many years' experience of driving do you have? _____
3. Have you worked for Brazoria County Head Start or any other Head Start program before?
() Yes () No If yes, When and Where: _____
4. 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: _____
5. Are you able to perform the essential functions of the job, outlined in the job requirements, with or without reasonable accommodation?
() Yes () No If no, please explain: _____
6. Are there any responsibilities or commitments that would keep you from meeting the work schedule described?
() Yes () No If yes, please describe: _____
7. Have you ever been convicted of any felony offense or have any criminal charges pending against you as of date?
() Yes () No If yes, please describe: _____
8. Have you ever had or do you currently have a child enrolled in a Head Start Program?
() Yes () No If yes, when: _____ What location(s): _____
9. Are you a Head Start Graduate?
() Yes () No If yes, when: _____ What location(s): _____

Note: As required by State Law for positions in a licensed day-care facility, a State and/or National criminal background check and a FBI fingerprinting must be performed before an employee is hired. The relevance of the offense to the position(s) applied for will be reviewed in the hiring process; therefore, convictions will not necessarily disqualify an applicant for employment.

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, religious creed, color, sex, natural origin, age, marital or veteran status, physical or mental disability, or any other legally protected class.

EDUCATION

Do you have a High School Diploma or GED certificate? Yes No

COLLEGE, UNIVERSITY, BUSINESS, PROFESSIONAL OR TRADE SCHOOL

Name of School	Location	Course of Study	Degree Earned

OCCUPATIONAL LICENSE, CERTIFICATIONS AND SKILLS

Languages that you can read, write and speak fluently, other than English: _____

- CPR/First Aid Food Handler's Card CDL (Commercial Drivers License)
 Early Childhood Certificate Current CDA (Child Development Associate)

Are the above checked certifications/licenses current? Yes No

Occupational License, Certificate or Registration	Current (Y or N)

Additional skills (Computer, Office Equipment, Technology or other pertinent information):

Note: If offered position, applicant will be required to submit copies of all degrees, licenses and certificates required for position.

REFERENCES (List three persons not related to you, 1 personal and 2 professional, whom you have known at least one year)

Name	Address	Phone	Position/ Acquaintance

EMPLOYMENT HISTORY

Describe your work experience in detail, beginning with your current or most recent job. All information provided in this section must be complete and accurate. Resumes may be attached to provide additional information, but not in place of.

Employer: _____ Job Title: _____

Address: _____ City: _____ State: _____ Phone #: _____

Supervisor: _____ Employed From (Month/Year): _____ To: _____ Starting/Ending Salary: _____

Duties: _____

Reason for leaving: _____

May we contact this employer? () Yes () No If no, explain: _____

Employer: _____ Job Title: _____

Address: _____ City: _____ State: _____ Phone #: _____

Supervisor: _____ Employed From (Month/Year): _____ To: _____ Starting/Ending Salary: _____

Duties: _____

Reason for leaving: _____

May we contact this employer? () Yes () No If no, explain: _____

Employer: _____ Job Title: _____

Address: _____ City: _____ State: _____ Phone #: _____

Supervisor: _____ Employed From (Month/Year): _____ To: _____ Starting/Ending Salary: _____

Duties: _____

Reason for leaving: _____

May we contact this employer? () Yes () No If no, explain: _____

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 my dismissal. I authorize the Agency to make an investigation of any of the facts set forth in this application.

Any offers of employment I may receive from the agency is contingent upon my successful completion of the Agency's total pre-employment screening process, including the agency's receiving references that it considers satisfactory, **Motor Vehicle Records check**, and my satisfactory completion of any post offer **pre-employment medical examination** that the agency may require. I also agree, if employed, to submit to a medical examination at any time at the Agency'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 agency.

I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for **alcohol and/or drugs** and as required by State law for positions in a licensed day-care facility, a **State and/or National criminal background check and FBI fingerprinting** must be performed before being hired. 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 agency.

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

I understand that employment at CDC of Brazoria County Head Start is "at will", which means that either I or the Agency 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 Agency, other than authorized persons, has any authority to alter the foregoing.

Applicant Signature: _____ Date: _____

AFFIDAVIT FOR APPLICANTS FOR EMPLOYMENT WITH A LICENSED OPERATION OR REGISTERED CHILD-CARE HOME

AN APPLICANT FOR TEMPORARY OR PERMANENT EMPLOYMENT with a licensed child-care facility, licensed child-placing agency or registered child-care home whose employment or potential employment with the facility, agency, or home involves direct interaction with or the opportunity to interact and associate 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 a 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. Resigned under threat of termination of employment or volunteerism for;
9. Had a report of child abuse or neglect made and substantiated against me for; or
10. 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 or to which a minor was a witness;
14. Unfitness as a parent or custodian;
15. Removing children from a state or concealing children in violation of a court order;
16. Restrictions or limitations on contact or visitation with children or minors resulting from a court order protecting a child or minor from abuse, neglect, or exploitation; or,
17. Any type of child abduction.

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 of _____

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

My commission expires: _____