**“A NATIONAL HEAD START CENTER OF EXCELLENCE”**

**KNOX COUNTY HEAD START, INC.**

**11700 Upper Gilchrist Road, Suite B, P. O. Box 1225**

**Mount Vernon, Ohio 43050**

***PHONE: 740-397-1344***

***FAX: 740-397-4765***

***Committed to quality preschool, childcare and family services,***

***in partnership with our community.***

*An Equal Opportunity Employer*

APPLICATION FOR EMPLOYMENT

**PLEASE TYPE OR PRINT IN INK**

|  |  |
| --- | --- |
| NAME: (Last, First, Middle): | MAIDEN NAME / OR ALIAS : |
| ADDRESS: (Street, City, Zip Code) | COUNTY: |
| HOME PHONE:  | CELL PHONE:  | E-MAIL ADDRESS: |
| DRIVER’S LICENSE: [ ] Yes [ ]  No If yes Number and Class: | JOB APPLYING FOR: |
| **PREFERENCES** |
| PREFERRED SALARY: WHAT DATE WOULD YOU BE AVAILABLE TO WORK?  | WHAT TYPE OF JOB ARE YOU LOOKING FOR? [ ]  FULL TIME [ ]  PART TME [ ]  SUBSTITUTE |

1. In accordance with ODJFS Rule 5101:2-12-25(B): “A child care staff member shall be at least 18 years of age and have completed a high school education.” Do you meet this requirement?

***Verification will be required upon employment***. [ ]  Yes [ ]  No

1. Have you ever filed an application with us before? [ ]  Yes [ ]  No If yes, give date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you ever been employed with us before: [ ]  Yes [ ]  No If yes, give date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. List any relatives employed by us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. List any friends employed by us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Are you currently employed? [ ]  Yes [ ]  No
5. May we contact your present employer? [ ]  Yes [ ]  No
6. Are you prevented from lawfully becoming employed in this country because of Immigration Status? ***Proof of citizenship / immigration status will be required upon employment****.*  [ ]  Yes [ ]  No
7. Are you a Knox County Head Start: Current Former N/A

Parent [ ]  [ ]  [ ]

Grandparent [ ]  [ ]  [ ]

Student [ ]  [ ]

1. Have you even been convicted of or pleaded guilty to child abuse or any crime(s) of violence or had a child removed from your home as described in Section 2151.353 of the Ohio Revised Code? [ ]  Yes [ ]  No

1. In accordance with Head Start Program Performance Standards, Subpart D(45 CFR 1301.31(b)(2):

Please list all pending and prior criminal arrests and charges related to child sexual abuse and the disposition thereof. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list all convictions related to other forms of child abuse and neglect \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list all convictions of violent felonies.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How did you hear about us? [ ]  Website \_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Relative / Friend \_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Walk in

[ ]  Employment Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Newspaper \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| **EDUCATION** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of School | City/State | Did you graduate? | If No, # of years left to graduate | If Yes, date of Graduation | Degree received | Major |
| High School:       |       | [ ] Yes [ ]  No |       |       |       |       |
| GED:       |       | [ ] Yes [ ]  No |       |       |       |       |
| Other School:        |       | [ ] Yes [ ]  No |       |       |       |       |
| College:       |       | [ ] Yes [ ]  No |       |       |       |       |
| College:       |       | [ ] Yes [ ]  No |       |       |       |       |
| Other:       |       | [ ] Yes [ ]  No |       |       |       |       |
| FOREIGN LANGUAGE |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Fluent | Good | Fair |
| Speak |  |  |  |
| Read |  |  |  |
| Write |  |  |  |
| PROFESSIONAL LICENSES, REGISTRATIONS AND / OR CERTIFICATIONS  |
| Type: State Issued: Date: No.  | Verify |
| Type: State Issued : Date: No | Verify |
| Type: State Issued: Date: No | Verify |
| MILITARY SERVICE |

Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From \_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_

Rank at Discharge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Discharge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe any job-related training received in the United States Military: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| **REFERENCES****(Do not list relatives or former employers)** |
| Full Name | Home Address | Phone | Yrs. known | E-MAIL ADDRESS |
| Full Name | Home Address | Phone | Yrs. known | E-MAIL ADDRESS |
| Full Name | Home Address | Phone | Yrs. known | E-MAIL ADDRESS |

**POLICY STATEMENT**

**Knox County Head Start (KCHS) is an equal opportunity employer; KCHS has an Anti-Discrimination policy and complies with all state and federal laws. Employment decisions, terms of employment, enforcement of policies, dispute resolution, and all KCHS management practices and decisions are made without regard to age, sex, race, color, religion, national origin, disability, marital or veteran status, or any other mandated protected status.**

 **Resume Attached** [ ] Yes [ ]  No ***Previous Employment must be completed even if resume is attached***

|  |
| --- |
| **PREVIOUS EMPLOYMENT** |
| Company: | Phone: ( ) |
| Address: | Supervisor: |
| Job Title:  | Starting Salary $  | Ending Salary $ |
| Responsibilities: |
| From: To: Reason for Leaving: |
| May we contact your previous supervisor for a reference? [ ] Yes [ ]  No  |
| Company: | Phone: ( ) |
| Address: | Supervisor: |
| Job Title:  | Starting Salary $  | Ending Salary $ |
| Responsibilities: |
| From: To: Reason for Leaving: |
| May we contact your previous supervisor for a reference? [ ] Yes [ ]  No  |
| Company: | Phone: ( ) |
| Address: | Supervisor: |
| Job Title:  | Starting Salary $  | Ending Salary $ |
| Responsibilities: |
| From: To: Reason for Leaving: |
| May we contact your previous supervisor for a reference? [ ] Yes [ ]   |

**Certification**

I certify that all the information furnished in this employment application is true and complete to the best of my knowledge. I understand that any misrepresentation or false information included in the application materials or provided in the interview process can lead to the withdrawal of an offer of employment or to termination from employment.

I understand that Knox Country Head Start may investigate the information I have furnished. I authorize any person, firm, or organization to supply any information about me concerning any past employment, education, military status, convictions, or other information to Knox County Head Start.

I understand a conditional offer of employment may be based on results of a pre-employment physical. Knox County Head Start is a Drug and Alcohol Free workplace. Individuals offered employment at Knox County Head Start will be required to successfully pass a pre-employment drug screen and may be subject to random and/or reasonable suspicion drug testing throughout the term of employment. Refusal to take or failing the drug screen, after being informed, will result in removal from employment consideration, or termination, if employed.

I further understand that a conditional offer of employment may also be contingent upon Knox County Head Start obtaining information regarding my record with the Bureau of Motor Vehicles (if the position for which I am applying requires driving. Additionally, I understand that a conditional offer of employment will require that I submit to a Criminal Records check conducted by the BCI and/or FBI, prescribed by section 5104.012 O.R.C. I hereby authorize Knox County Head Start to conduct such fingerprinting procedures as part of the pre-employment process.

I do hereby release Knox Country Head Start and all individuals and / or organizations contacted from all liability resulting from such investigations. I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contractual relationship. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that Knox County Head Start retains a similar right.

Your Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_