Head Start/EHS/ECEAP

Application for	Employment		Application Date					
Personal Information								
Full Name			Date of Birth					
Address		City	State	Zip Code				
Telephone Number	elephone Number		Cell Phone Number					
Email Address								
Email Address How did you hear about us?								
If you are a student, please attach a copy of your current class schedule								
Do you receive State or Federal Work Study? Yes No Amount				_				
Position Details								
Position Applying For								
Available Start Date								
Education Information								
Type of School	Name of School	Location	Graduation Date	Major & Degree				

Personal Experience

Please list any courses, other work experience, volunteer work, hobbies or interests that would relate to the position you are applying for:

Please list community organizations you are active in:

Current / Most R	ecent Employers
Name of Employer	Date of Employment
Address City	State Zip Code
Name of Last Supervisor	Phone Number
Your Job Title	
List the jobs you held and duties performed	Reason for Leaving
May we contact for a reference? YesNo	
Name of Employer	Date of Employment
Address City	State Zip Code _
Name of Last Supervisor	Phone Number
Your Job Title	
List the jobs you held and duties performed	Reason for Leaving
May we contact for a reference? YesNo	
Name of Employer	Date of Employment
Address City	State Zip Code _
Name of Last Supervisor	Phone Number
Your Job Title	
List the jobs you held and duties performed	Reason for Leaving

	Criminal Hi	istory Questioi	ns	
Have you been convicted of a crime of	or is there a crir	ninal charge pen	ding against yo	ou? If yes, please explain.
Have you ever been convicted of, or abuse and their disposition? If yes, pl		nal charge pendir	ng against you	that relates to child sexual
Have you ever been convicted of, or of child abuse and neglect? If yes, ple		nal charge pendir	ng against you	that relates to other forms
Have you ever been convicted of, or violent felonies? If yes, please expla		nal charge pendir	ng against you	that relates to any other
We will conduct a W.A.T.C.H. (Was All employees are also required to compl				
Signature			Date	
	Professio	nal Reference	e	
Name				
Address				
Position		Phone Nur	nber	
Name		Company		
Address	City		State	Zip Code
Position	Phone Number			
Name		Company		

Position_____Phone Number _____

Application Waiver

I authorize investigation of all statements contained in this application. I hereby give Community Child Care Center permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release Community Child Care Center from any liability as a result of such contact.

Signature	Date	
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EQUAL EMPLOYMENT OPPORTUNITY / NON-DISCRIMINATION STATEMENT:

All actions and decisions concerning hires, promotions, transfers, demotions, terminations, etc., will bemade without regard to race, color, religion, national origin, culture, sex, national origin, age, disability, veteran status, medical condition, family composition, gender identity or genderexpression, sexual orientation, public assistance recipient status or reprisal or retaliation forprior civil rights activities or any other statues protected under Federal or State Law.

Thank you for completing the application form and for your interest in Community Child Care Center.