



Head Start of Yamhill County

2045 SW Hwy 18
PO Box 1311
McMinnville, OR 97128
Phone: (503) 472-2000
Fax: (503) 472-6539

APPLICATION FOR EMPLOYMENT

Today's Date _____ Position Applying For _____
Teacher, Assistant, Classroom Aide, Cook, Bus Driver, Site Facilitator, etc. (full list can be found in our website)

EQUAL EMPLOYMENT OPPORTUNITY:

This application is not, by any means an employment contract but merely is intended to evaluate suitability for employment. It is the policy of HSYC to provide equal employment to all qualified persons without regard to race, color, sex, religion, age, marital status, national origin, citizenship, disability, veteran status, or any other status protected under state or federal laws.

(Please print all the information, in black or blue ink)

IMPORTANT: Applicants with disabilities may request reasonable accommodation to complete this application, or to take any test required for the position for which they have applied, by making a request at the time of application or testing.

PERSONAL INFORMATION:

Name: _____ SS# _____
 First Middle Last

Address: _____ Phone # _____
 _____ Message # _____

Are you at least 18? Yes No Are you a US citizen? Yes No

If not, can you provide proof of identity and eligibility to work in this country? Yes No

Do you have any relative/friend who currently works for us? (Qualified relative/friends are eligible for employment except in unusual situations where we need to avoid possible conflict of interest). Yes No

How did you learn about this position? _____

Have you applied with this organization before? Yes No Explain: _____

Are you a current or past Head Start parent? No If yes, please explain: _____

Do you have a valid driver's license? Yes No

Do you have reliable transportation? Yes No

When are you available to work? _____

Have you been convicted of a crime within the last 7 years? Yes No

If yes, please explain _____

EMERGENCY CONTACT: Who should we contact in case of emergency?

Name: _____ Address: _____ Phone #: _____

EDUCATION/SKILLS:

School Name	City & State	Area of Study	Degree Completed
High School/GED _____			
College _____			
Other (Specify) _____			
State any skills, trainings, or certificates relevant to the position for which you are applying including secondary languages you speak or read:			

EMPLOYMENT HISTORY: State all the jobs you have had in the last 7 years; beginning with the most recent.

(1)	Address & Phone No.	Dates of Employment	Supervisor Name	Position Held	Salary
Company Name		From:			Starting:
		To:			Ending:
Your Duties:					
Reason For Leaving:					
(2)	Address & Phone No.	Dates of Employment	Supervisor Name	Position Held	Salary
Company Name		From:			Starting:
		To:			Ending:
Your Duties:					
Reason For Leaving:					
(3)	Address & Phone No.	Dates of Employment	Supervisor Name	Position Held	Salary
Company Name		From:			Starting:
		To:			Ending:
Your Duties:					
Reason For Leaving:					
(4)	Address & Phone No.	Dates of Employment	Supervisor Name	Position Held	Salary
Company Name		From:			Starting:
		To:			Ending:
Your Duties:					
Reason For Leaving:					

REFERENCES: Not former employers or relatives; at least one professional reference and two personal references that can attest to your character for working with and around children and families.

Name:	Address:	Phone #:
Name:	Address:	Phone #:
Professional: Name:	Address:	Phone #:

IF APPLYING FOR A CLASSROOM POSITION

YOUR NAME _____

PLEASE NOTE: Not all classroom positions require formal educational experience. Experience working with young children and families is equally important. However, any relevant course work/workshops listed below will be considered.

USE ADDITIONAL SHEETS OF PAPER, IF NECESSARY, AND ATTACHED TO THIS FORM.

List below any educational course work you have had in: Early Childhood Education, Child Development, and/or Family Relationships or any course work relative to the position you are applying for. Begin with the earliest and list in chronological order. If you have a copy of a school transcript(s) to attach, you do not need to duplicate.

DATE	CLASS NAME OR DESCRIPTION	CREDITS EARNED	EDUCATIONAL INSTITUTION

List below any workshops or additional training experience in Early Childhood Education, Child Development, and/or Family Relationships that you have taken. Do not include any course work listed above.

DATE	WORKSHOP NAME OR DESCRIPTION	HOURS ATTENDED	EDUCATIONAL INSTITUTION

Please describe any other work or volunteer experience you have had that relates specifically to the position for which you are applying, if you have not already listed that experience.

ACKNOWLEDGEMENT STATEMENT: Please read carefully before signing this document.

1. I authorize the investigation of all statements contained in this application, including any attachments and supporting documents or interview and release from all liability any person or employers supplying such information, and also release the organization from any liability that might result from making that investigation.
2. I certify that the answers and information given herein are true, complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application, (or any required documents) will be cause for denial or dismissal of employment, regardless of when or how discovered.
3. I agree if I am offered and accept a position, to conform to all existing and future HSYC rules and regulations, and understand that this organization reserves the right to change wages, hours, and working conditions as deem necessary. ***I ALSO UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE AT-WILL, MEANING THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME FOR ANY REASON.***
4. I acknowledge that it is part of HSYC employment practices to conduct a background check and/or fingerprints prior to employment.
5. I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.
6. I have read and reviewed the information provided in this application and the above statements. By signing this application for employment I certify that I understand all parts of it and have answered all questions completely and fully.
7. "Head Start of Yamhill County is dedicated to the protection of children. We have strict child abuse policies and procedures in place and regularly train our staff in child sexual abuse recognition and prevention."

APPLICANT COMMENTS:

If you would like to provide any additional comments or information you consider relevant to the position you are applying for please use this space:

This application will only be considered for one year. I understand that if I have not been hired within this time period and still wish to be considered for employment, I must submit a new application.

APPLICANT SIGNATURE:

TODAY'S DATE:

Unsigned or incomplete applications will not be considered.

HSYC is an At-Will and Equal Opportunity Employer.

Criminal History

Signature below is required

Federal policies (45 CFT Part 1301, Subpart D) Head Start Grants Administration, Personnel Policies, Section 1301.01 (c) and (d) now require that Head Start agencies required all prospective employees to sign a declaration prior to employment which lists:

1. All pending and prior criminal arrests and charges related to child sexual abuse and their disposition;
2. Convictions related to other forms of child abuse and/or neglect; and
3. All convictions of violent felonies.

The declaration may exclude:

- ⇒ Any offense, other than any offense related to child abuse and/or child sexual abuse or violent felonies committed before the prospective employee's 18th birthday, which was finally adjudicated in a juvenile court or under a youth offender law;
- ⇒ Any conviction for which the record has been expunged under Federal or State law; and
- ⇒ Any conviction set aside under the Federal Youth Correction Act or similar State authority.

Note that individuals who declare, through this form, that they have been arrested, charged with or convicted of any of the offenses listed above are not automatically disqualified from being hired. Head Start agencies must review each case to assess the relevance of an arrest, charge or conviction to a hiring decision.

Please provide your signature on the appropriate line below:

I have not been arrested, charged, and/or convicted on one or more of the three types of offenses listed above.

Signature: _____ Date _____

I have been arrested, charged, and/or convicted on one or more of the three types of offenses listed above.

Signature: _____ Date _____

Head Start of Yamhill County will take necessary steps to ensure the confidentiality of this form.

**HEAD START OF YAMHILL COUNTY
2045 SW Hwy 18
PO BOX 1311
MCMINNVILLE, OR 97128**

EMPLOYMENT APPLICATION

Head Start of Yamhill County is an EQUAL OPPORTUNITY EMPLOYER. We hire and promote without regard to race, color, sex, national origin, religion, age or mental or physical handicaps unrelated to job performance.

AFFIRMATIVE ACTION INFORMATION

OPTIONAL: This information is used to implement and monitor Head Start of Yamhill County's Affirmative Action plan and will not be considered in the hiring process.

Position Applied For _____ Date _____

MALE _____ FEMALE _____

Handicap status: Are you considered handicap as defined by the Department of Health, Education and Welfare? Yes _____ No _____

Ethnic background – CHECK ONE ONLY:

- _____ WHITE (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- _____ BLACK (not of Hispanic origin): All persons having origins in any of the black racial groups.
- _____ HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- _____ ASIAN or PACIFIC ISLANDERS: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- _____ AMERICAN INDIAN or ALASKAN NATIVE: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- _____ INDO-CHINESE: All persons having origins in any of the original peoples of Cambodia, Vietnam, Laos or Thailand.
- _____ OTHER: e.g., East India, Asiatic Russia.