

**GARRETT-KEYSER-BUTLER HEAD START AND EARLY HEAD START
504 SOUTH SECOND STREET
GARRETT, IN 46738
APPLICATION FOR EMPLOYMENT**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, marital or veteran status, the presence of a non-job related medical condition or disability, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For _____

Date of Application _____

How Did You Learn About us? _____

Last Name _____

First Name _____

Middle Name _____

Address _____

City _____

State _____

Zip Code _____

Telephone Number(s) _____

Best time to contact you at home is _____AM or PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? _____

Yes No

Have you ever filed an application with us before? If Yes, give date _____

Yes No

Have you ever been employed with us before? If Yes, give date _____

Yes No

Do any of your friends or relatives, other than your spouse, work here? _____

Yes No

If Yes, state name, relationship and position/location _____

Are you currently employed? _____

Yes No

May we contact your present employer? _____

Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? _____

Yes No

Proof of citizenship or immigration status will be required upon employment.

Date available for work _____ What is your desired salary range? _____

Are you available to work January through December - full year

August through May - school year

Some evenings and/or Saturdays if required

Are you currently on "lay-off" status and subject to recall? _____

Yes No

Can you travel if a job requires it? _____

Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

| SCHOOL | NAME AND ADDRESS OF SCHOOL | COURSE OF STUDY | YEARS COMPLETED | DIPLOMA DEGREE | LICENSE(s) |
|------------------------|----------------------------|-----------------|-----------------|----------------|------------|
| High School | | | | | |
| Undergraduate College | | | | | |
| Graduate/ Professional | | | | | |
| Other (Specify) | | | | | |

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

| | | |
|----------------------------|--------------------|--|
| Employer | Date Employed | Work Performed |
| Address | | |
| Telephone Number(s) | Hourly Rate/Salary | |
| Starting/Present Job Title | From To | |
| Supervisor | | |
| Reason for Leaving | | May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employer | Date Employed | Work Performed |
| Address | | |
| Telephone Number(s) | Hourly Rate/Salary | |
| Starting/Present Job Title | From To | |
| Supervisor | | |
| Reason for Leaving | | May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employer | Date Employed | Work Performed |
| Address | | |
| Telephone Number(s) | Hourly Rate/Salary | |
| Starting/Present Job Title | From To | |
| Supervisor | | |
| Reason for Leaving | | May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you need additional space, please continue on a separate sheet of paper.

Comments: Include explanation of any gaps in employment.

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Describe any specialized training, apprenticeships, skills and extra-curricular activities, including any job-related training received in the United States Military.

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List any professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, ancestry, disability or other protected status.

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ADDITIONAL INFORMATION

Other Qualifications *Summarize special job-related skills and qualifications acquired from employment or experience.*

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State any additional information you feel may be helpful to us in considering your application.

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Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS FOR THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation have been given.

_____YES _____NO

PERSONAL/PROFESSIONAL REFERENCES *Do not include family members or past supervisors.*

| Name | Phone Number | Best Time to Call | Occupation |
|------|--------------|-------------------|------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

GENERAL INFORMATION

1. Within 30 days of employment, employees must submit a physical examination form signed by their source of medical care and based on a thorough examination , including Tuberculin testing, within the last twelve months.
2. All new employees must submit a money order made payable to the agency currently being used by this Head Start program, in the amount required at the time of hire, so that a thorough back-ground check may be conducted on the new employee. Positive hits on the background check result in termination of employment.
3. If an employment interview is scheduled, all candidates will be required to provide proof of licenses, degrees, transcripts and course descriptions and/or syllabi appropriate to position sought.
4. In compliance with the Indiana Family and Social Services Administration Child Care Licensing and National Head Start requirements, all prospective employees are required to sign a declaration of the following:

a. All pending and prior criminal arrests and charges related to any adult or child sexual abuse and their disposition:

b. Convictions related to other forms of child abuse and/or neglect: _____

c. All convictions of felonies: _____

d. All substantiated reports of child abuse and neglect: _____

Any offenses, other than an 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 Corrections Act or similar state authority may be excluded.

In addition, in order to be considered for employment in the Garrett-Keyser-Butler Head Start program, you must fully complete the following questions:

1. Are you presently being investigated or under a procedure to consider your discharge for misconduct by your present employer or have you offered a resignation to your previous employer? YES NO
2. Have you ever been reprimanded, disciplined, discharged, or asked to resign from a prior position? YES NO
3. Have you ever resigned from a prior position without being asked, but under circumstances involving your employer’s investigation of sexual contact with another person, or mishandling of funds, or criminal conduct? YES NO
4. Have you (a)ever been convicted of a crime, other than a minor traffic offense; or (b) ever entered a plea of guilty or a plea of “no contest” (nolo contendere.) or has any court ever deferred further proceedings without entering a finding of guilty and placed you on probation, for a crime other than a minor traffic offense? YES NO

If you answered yes to any of the above questions, explain the circumstances on a separate sheet of paper, along with the question number, and attach it to this application.

I swear that the information provided in this section is true and my signature below constitutes authorization to check my employment history, including without limitation, evaluations, criminal arrest and conviction record checks, reference checks, and release of investigatory information possessed by any private or public employer or any state, local or federal agency. I further authorize those persons, agencies, or entities that the Garrett-Keyser-Butler CSD and/or Head Start contacts in connection with my employment application to fully provide the Garrett-Keyser-Butler CSD and/or Head Start any information on the matters set forth above. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the Garrett-Keyser-Butler CSD and/or Head Start, its agents and officials or against any provide of such information. I understand that misrepresentation or omission of facts called for is cause for dismissal. I further understand that this application for employment shall be considered active for a period of time not to exceed 60 days and that any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is also understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledge in writing by an authorized executive of this organization.

Signed _____

Date _____