

Jefferson-Clarion Head Start, Inc.
Employment Application

We are an Equal opportunity Employer

Applicant Information										
Name (first, middle, last):										
Address (street, city, state, zip code):										
Phone Number:										
Are you legally authorized to work in the U.S.? <i>If hired, you will be required to provide proof of work authorization.</i>					Yes No					
Are you at least 21 years old? <i>If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.</i>							Yes No			
Have you ever pleaded "guilty" or "no contest" or been convicted of a crime?			Yes No							
If yes, please explain 1) nature of crime, 2) date of conviction, and 3) state and county in which convicted. <i>(A conviction will not necessarily bar you from employment You should not disclose any information regarding criminal records that have been sealed.)</i>										
Have you applied at this company in the past?		Yes No		If Yes, when:						
Have you worked at this company in the past?		Yes No		If Yes, when:		Under what name:				
Will you travel if job requires it?		Yes No		Will you work overtime if required?			Yes No			
If they have been explained to you, are you able to meet the attendance requirements of the position?						Yes No N/A				
Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)? <i>This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. Those issues may be addressed at a later stage to the extent permitted by law.</i>						Yes No Need more information				
Position Applying For										
Part-Time or Full-Time Desired:				Desired Compensation:						
Shift Preference:				When can you start?						
How were you referred to the company?		Agency Newspaper Other			Walk-In School			Internet Friend/Relative		
Special Skills										
1. If relevant, please describe word-processing speed, software knowledge, and office equipment experience.										
2. If relevant, please describe experience using manufacturing machines and equipment										
3. Please list other valuable skills you possess that would be valuable to the company.										

Education					
School	Name and Location (city, state):	# Years Attended:	Major Subjects:	Graduate?	Diploma or Degree Received:
High School				Yes No	
				Yes No	
College				Yes No	
				Yes No	
Graduate				Yes No	
				Yes No	
Other (Specify)				Yes No	
				Yes No	

Training Courses

List any relevant training programs completed.

Course/Seminar:	Sponsoring Organization:	Content:	Date(s) Attended:

Required License(s)

If required to drive a motor vehicle for the job applying for, state your:

Driver's license number:		State Issued:		Expiration Date:	
Are you licensed/have certifications which will assist in the job?	Yes	No	Please explain:		
Registration/License Number:		State Issued:		Expiration Date:	

Employment History *(Start with most recent; use separate sheet if necessary)*

Name of Employer:				Telephone:	
Address:					
Job Title:		Description of Duties:			
Employment Dates (month and year)	From:		to:		Name of Immediate Supervisor:
Compensation start:		end:		Reason for Leaving:	
If currently employed, may we contact as a reference?		Yes	No		

Employment History <i>(Continued)</i>						
Name of Employer:					Telephone:	
Address:						
Job Title:			Description of Duties:			
Employment Dates <i>(month and year)</i>	From:		to:		Name of Immediate Supervisor:	
Compensation start:			end:			Reason for Leaving:
If currently employed, may we contact as a reference?			Yes No			
Name of Employer:					Telephone:	
Address:						
Job Title:			Description of Duties:			
Employment Dates <i>(month and year)</i>	From:		to:		Name of Immediate Supervisor:	
Compensation start:			end:			Reason for Leaving:
If currently employed, may we contact as a reference?			Yes No			
Name of Employer:					Telephone:	
Address:						
Job Title:			Description of Duties:			
Employment Dates <i>(month and year)</i>	From:		to:		Name of Immediate Supervisor:	
Compensation start:			end:			Reason for Leaving:
If currently employed, may we contact as a reference?			Yes No			

Employment References <i>(2 Professional References and 1 Personal Reference)</i>						
Name:			Address:			
Relationship:			How Long Known?			
Day Telephone:				Evening Telephone:		
Name:			Address:			
Relationship:			How Long Known?			
Day Telephone:				Evening Telephone:		
Name:			Address:			
Relationship:			How Long Known?			
Day Telephone:				Evening Telephone:		

Please Read Carefully Before Signing This Form

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired, regardless of when such information is discovered.
2. I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any persons or organizations providing information pertaining to me or my employment.
3. I understand that upon receiving a job offer, a physical examination and drug screening may be required. (Note: this is a job requirement, you will be notified.)
4. I understand that prior to my employment I may be asked to sign a background check consent form or other documentation in order to facilitate my hiring. I agree to sign these forms.
5. I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.
6. This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state or local law. The Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.
7. Regardless of whether or not I become employed by the company, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's, unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document

Your electronic signature below indicates your agreement with the following statements by typing my name in the following box I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing my employment application and information.

Signature of Applicant:		Date:	
-------------------------	--	-------	--