



Bradford-Tioga Head Start, Inc



5 Riverside Plaza, Blossburg, PA 16912
(570)638-1400 (570)638-1425 Fax
www.bradfordtiogahs.org

Employment Application

| PERSONAL INFORMATION | | | | |
|---|--|-----------------------|----------------------|------------------|
| Name | Last | First | Middle | |
| | Previous Names | | | |
| Current Address | Street | | | |
| | City | State | Zip Code | Years at address |
| Telephone Number | Home | Work | Cell | |
| Are you 18 or older? | Yes | No | Email: | |
| Are you a U.S. citizen, lawful permanent resident or otherwise authorized to work in the U.S. without restriction? Yes No Must provide proof of identification & employment eligibility upon hire in accordance with the Immigration Reform & Control Act. | | | | |
| TYPE OF EMPLOYMENT DESIRED | | | | |
| Position (s) applying for | | | | |
| Hours | Full Time | Part Time | Desired Salary \$ | Date Available |
| EDUCATION AND LICENSURE | | | | |
| Dates requested in this section will be used only to verify the accuracy of education and licensure information. | | | | |
| Type of School | School Name | Location (City/State) | Degree | Year Attended |
| High School/GED | | | | |
| College | | | | |
| Technical | | | | |
| Other | | | | |
| Certifications | Type | State | Date | Current |
| | | | | |
| | | | | |
| SKILLS | | | | |
| Computer Skills | List computer, software, office equipment and other skills and/or training that you consider relevant to employment. | | | |
| | | | | |
| TRANSPORTATION | | | | |
| Do you possess a legal and current driver's license? Yes No | | | | |
| Do you have a clean driving record? Yes No If no, explain: | | | | |
| Are you Insured? Yes No Name of Insurance Carrier: | | | | |
| | | | | |

REFERENCES

List three persons, other than relatives or friends, who have knowledge of your work experience and/or education.

| Name | Title | Organization | Contact Telephone | Years Known |
|------|-------|--------------|-------------------|-------------|
| | | | | |
| | | | | |
| | | | | |

EXPERIENCE

Are you currently employed? Yes No If yes, please provide name and address of your current employer?

May we contact your current employer? Yes No

Have you ever served in the Armed Forces of the United States? Yes No

If yes, state: Branch Date Entered Date Discharged

Rank or Rate: Service schools or special experience:

Have you ever been fired, involuntarily terminated or asked to resign from a job? Yes No

If yes, please explain

Is there any reason you may not be able to work on a regular basis or report to work on time? Yes No

Have you ever been convicted of an offense involving the neglect or abuse of anyone? Yes No

Are you currently excluded from participation in any federal or state funded programs and are you aware of any potential exclusion from a federally or state funded program? Yes No If yes provide details.

STARTING WITH PRESENT OR MOST RECENT, LIST ALL PREVIOUS EMPLOYERS

| | | | |
|---|------------------|--|--------------------|
| Employment Date Start: End: | Final Salary | May we contact this employer? Yes No | Reason for Leaving |
| Employer: | Supervisor Name: | Contact/Telephone Number: | |
| Street Address, City, State, Zip Code: | | | |
| Job Title: | | | |
| Responsibilities: | | | |
| Employment Date Start: End: | Final Salary | May we contact this employer? Yes No | Reason for Leaving |
| Employer: | Supervisor Name: | Contact/Telephone Number: | |
| Street Address, City, State, Zip Code: | | | |
| Job Title: | | | |
| Responsibilities: | | | |
| Employment Date Start: End: | Final Salary | May we contact this employer? Yes No | Reason for Leaving |
| Employer: | Supervisor Name: | Contact/Telephone Number: | |
| Street Address, City, State, Zip Code: | | | |
| Job Title: | | | |
| Responsibilities: | | | |
| How did you find out about this job opportunity? Facebook Website Newspaper Word of Mouth Other | | | |

Complete this section only if you have ever been convicted of a felony or misdemeanor

List every felony or misdemeanor conviction with the date and jurisdiction. Do not include convictions for summary offenses. It is your responsibility to ensure that all convictions are properly reported. Conviction of a crime is not an automatic bar to employment. If you have any questions as to whether a conviction should be listed, please obtain clarification from Human Resources prior to submitting this application.

Please review and acknowledge that you understand the following when making application for employment

*I acknowledge that it is the policy of Bradford Tioga Head Start Inc. to provide equal opportunity to persons regardless of race, religion, age, gender, disability or other classifications in accordance with federal, state and local statute, regulations and ordinances.

*I have provided true and complete information on this application. I understand that if employed, false statements and/or information on this application will be considered grounds for dismissal.

*I hereby give Bradford Tioga Head Start Inc. permission to contact previous employers (unless otherwise indicated), references, schools, and others. I further authorize Bradford Tioga Head Start Inc. to obtain a copy of my driving record if applicable for the position and as necessary during employment. I hereby release Bradford Tioga Head Start Inc. from any liability as a result of such contacts, inquires or records in order to ascertain my qualifications and fitness for employment.

*I understand that this application is only valid for the position applied for at present and that Bradford Tioga Head Start Inc. is not obligated to consider this application for future openings.

*I consent and acknowledge that all potential employees of Bradford Tioga Head Start Inc. will undergo a medical examination including a drug screening as part of the employment process for the presence of illegal drugs. This testing is a condition of employment. Any applicant with confirmed positive test result will be denied employment. I understand that the use of illegal drugs and/or abuse of controlled substances is prohibited during employment.

*I have been advised, as a condition of employment, that in accordance with Section 648(g)(3) of the Head Start Act, 42 U.S.C 984(g)(3), Bradford-Tioga Head Start Inc. obtain before employment, the results from at least one of the following clearances: a State criminal record check which covers all jurisdictions where the grantee provides Head Start services to children; or a Federal criminal record check which covers all jurisdictions where the grantee provides Head Start services to children; or another criminal record check as provided by Section 648(g)(3)(A)-(C).

*Additionally, I give permission for Bradford Tioga Head Start Inc. to check the Office of Inspector General Exclusion Lists as Excluded Parties Lists at time of employment as necessary during employment. These regulations may prohibit the employment of persons convicted of certain crimes.

*I understand and agree that this employment application, the granting of an interview and/or Bradford Tioga Head Start Inc. policies, does not create or give rise to a contract for employment and if hired, employment is at will. I understand that if I am offered employment by the organization, my employment will be for no definite term and that both the organization and I have the right to terminate the employment relationship with or without cause and with or without notice.

*I understand that regardless of my work schedule, I may be asked to work different shifts, weekends, and holidays. A refusal to do such may result in my dismissal. My position with Bradford Tioga Head Start Inc. is my primary job. Schedule of conflicts or continued unavailability to work may lead to discipline including termination.

I have read, understand and agree with the conditions of employment.

Yes

Applicant's Signature

Date