

LUZERNE COUNTY HEAD START, INC. EMPLOYMENT APPLICATION

Luzerne County Head Start, Inc. considers all applicants for all positions without regard to an applicant's race, color, creed, religion, age, gender, national origin, pregnancy, veteran status and/or disability or other legally protected class.

NAME: _____ DATE of APPLICATION: _____

ADDRESS: _____ E-MAIL: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____

Position Desired: _____ Date Available to Start: _____

You are available to work: (Check all that apply) Full Time Substitute Part Time Temporary

EMPLOYMENT EXPERIENCE: List your prior employment experience, starting with your present or last job.

EMPLOYER NAME:	GENERAL JOB RESPONSIBILITIES	
ADDRESS:		
TELEPHONE NUMBER:		
POSITION HELD:		LENGTH OF EMPLOYMENT:
REASON FOR LEAVING		
MAY WE CONTACT THIS EMPLOYER: Yes / No		

EMPLOYER NAME:	GENERAL JOB RESPONSIBILITIES	
ADDRESS:		
TELEPHONE NUMBER:		
POSITION HELD:		LENGTH OF EMPLOYMENT:
REASON FOR LEAVING		
MAY WE CONTACT THIS EMPLOYER: Yes / No		

EMPLOYER NAME:	GENERAL JOB RESPONSIBILITIES	
ADDRESS:		
TELEPHONE NUMBER:		
POSITION HELD:		LENGTH OF EMPLOYMENT:
REASON FOR LEAVING		
MAY WE CONTACT THIS EMPLOYER: Yes / No		

WE ARE AN EQUAL OPPORUTNITY EMPLOYER

EDUCATION:

	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	NO. YEARS ATTENDED	DEGREE/DIPLOMA*
HIGH SCHOOL				
PROFESSIONAL CERTIFICATE				
UNDERGRADUATE COLLEGE/UNIVERSITY				
GRADUATE/PROFESSIONAL DEGREE				
OTHER				

***You must attach to this application a copy of the Diploma/Certificate from your highest level of education achieved. Please also attach official copies of your undergraduate and/or graduate transcripts if applicable. NOTE: Applicants must be eighteen (18) years of age or older; High School Diploma or G.E.D. is a requirement for all positions.**

Please list any additional Educational or Specialized Training you have received related to the job for which you are applying: _____

Please list here any volunteer hours you may have donated at a Head Start center, list location and a brief description of the duties you performed: _____

Please answer the following questions:

1. Are you at least 18 years of age? Yes___ No___ Can you provide proof of your age if required? _____

2. Have you ever filed an application with us before? Yes___ No___ If yes, give date: _____

3. Have you ever been employed with us before? Yes___ No___ If yes, give date: _____

4. Are you a US citizen or have appropriate documentation to show you are eligible to work in the US? Yes___ No___ (Proof of citizenship or immigration status will be required upon employment)

5. Our typical hours of operation are between the hours of 7:00 am and 4:30 pm; Please indicate the hours you are available to work: _____

6. Are you now or have you been a parent/grandparent of a child enrolled in Head Start? Yes___ No___ If yes, what year? _____

7. Have you ever been convicted of a felony? Yes___ No___ If yes, please explain: _____

8. Indicate any foreign languages you can speak, read or write: _____

9. Can you travel if a job requires it? Yes___ No___

10. How Did You Learn About Us? Advertisement Relative Friend Employment Agency

Other: _____

Please attach copies of a current (within one year) Clearances: ACT 34 PA State Police Criminal Record Check, ACT 151 PA Child Abuse History Clearance and FBI Fingerprint Record to this Application. Luzerne County Head Start, Inc. requires the aforementioned Clearances as a Condition of Employment, due prior to hire. No hiring decision will be made until proof of current Clearances are on file with Luzerne County Head Start, Inc.

Please answer the following questions briefly, but in the space allotted. You may be asked to expand upon your answers in an interview format.

1. Why have you chosen to work in Early Childhood Education and/or for the position for which you have applied?

2. What do you find rewarding about working with children and families? _____

Please complete questions 3 and 4 if the position you are applying for directly provides service to children and families.

3. When you walk past a classroom you notice a respected veteran teacher handling a child roughly, pulling the child's arm and sitting the child harshly into a seat, and speaking with an inappropriate tone and attitude. You are the only witness to this incident, what would you do?

4. A child in your classroom has been bitten. The mother of the child is furious and demands to know who bit her child and even goes as far as to threaten legal action if the identity of the child who bit her child is not disclosed immediately. How would you handle this parent?

PROFESSIONAL REFERENCES: Do not include family members

NAME	PHONE NUMBER	RELATIONSHIP TO YOU	PROFESSION

APPLICANT'S STATEMENT:

I certify that the answers and information given herein are true, correct and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination regardless of when the information is discovered to be false or misleading.

I understand that ACT 34 PA State Police Criminal Record Check, ACT 151 PA Child Abuse History Clearance and FBI Fingerprints Clearance (Via registration through the DPW/Dept of Welfare) are required Conditions of Employment.

Print Name

Date

Signature

Thank you for your interest in being employed with Luzerne County Head Start, Inc. Upon review of completed applications a representative of Luzerne County Head Start, Inc. will schedule interviews with applicants who meet the initial requirements, as evidenced by the information provided herein.

Luzerne County Head Start, Inc. is an "AT WILL" employer. The "AT WILL" employment relationship affords the employee the right to resign for any reason. Likewise, the employer may terminate the relationship at any time, with or without cause and with or without notice. The "AT WILL" employment relationship may not be altered by any written document or by verbal agreement, unless such alteration is specifically acknowledged in writing and signed by an authorized executive of Luzerne County Head Start, Inc.

OFFICE USE ONLY:

Received by: _____

Date: _____

Post Card Notification Sent, Date: _____

WE ARE AN EQUAL OPPORUTNITY EMPLOYER