

# Head Start of Yamhill County

1006 NE 3rd Street, Suite A P.O. Box 1311 McMinnville, OR 97128 (503) 472-2000

# **APPLICATION FOR EMPLOYMENT**

Today's Date		on Applying For			
Teacher, Assistant, Classroom Aide, Cook, Bus Driver, Site Facilitator, etc. (full list can be found in our website)					
EQUAL EMPLOYME					
	y any means an employment con vide equal employment to all qual				
	enship, disability, veteran status,				
-	(Please print all the in	nformation, in bla	ck or blue ink)		
	s with disabilities may request rear r which they have applied, by mal				
PERSONAL INFORM		king a request at the ti	inie of application of tes	ung.	
Name:First					
First	Middle	Last			
Address:			Phone #		
			Message #	=	
e-mail:					
Are you at least 18?	O Yes O No				
Are you eligible to work	in the U.S.? O Yes O No	1			
If not, can you provide p	proof of identity and eligibility	to work in this cour	ntry? O Yes O No	)	
Do you have any relative	e/friend who currently works fo	or us? (Qualified rel	ative/friends are eligil	ble for employment	
except in unusual situation	ons where we need to avoid po	ossible conflict of in	terest). O Yes O No	0	
How did you learn about	t this position?				
Have you applied with the	his organization before? O Y	es O No			
If yes, please explain:					
Are you a current or past	t Head Start parent? O Yes C	) No			
If yes, please explain:					
Do you have a valid driv	ver's license? O Yes O No				
Do you have reliable tran	nsportation? O Yes O No				
When are you available	to work?				
Are you multilingual or	bilingual? O Yes O No				
If you are multilingual o	r bilingual, in which languages	s?			
If you are multilingual of	r bilingual, are you fluent in bo	oth conversation and	d in writing? O Yes	O No	

This company is an at will employer, meaning that either the employer or employee can end the employment relationship at any time and for any or no reason.

Name		Address		Pho	ne #	
EDUCATION/SE	TIIC.					
EDUCATION/SK	School Nar	ne City &	State	Area of Stu	ıdv	Degree Type
High School/GEI		iic City &	State	Aica of Stu	iuy	Degree Type
College						
Other (Specify)						
	rainings, or certif	icates relevant to the	ne position for w	hich you a	re applyin	g including second
languages you sp	_		1	J	11 5	
-						
EMPLOYMEN'	Γ HISTORY: St	ate all the jobs you	have had <i>in the l</i>	ast 7 years;	beginning	with the most rece
(print additional o	copies of this page	if needed and attac	ch to application	)	0 0	
(1)	Address &	Dates of	Supervisor Na	ame	Position	n Held
Company Name	Phone No.	Employment				
		From:				
		To:				
		10.				
Your Duties:						
D E 1						
(2)	Address &	Dates of	Supervisor Na	ame	Position	n Held
(2)		Employment	Supervisor Na	ame	Position	Held
	Address &		Supervisor N	ame	Position	n Held
(2)	Address &	Employment From:	Supervisor No	ame	Position	n Held
(2)	Address &	Employment	Supervisor Na	ame	Position	n Held
Company Name	Address &	Employment From:	Supervisor No	ame	Position	n Held
(2)	Address &	Employment From:	Supervisor N	ame	Position	n Held
(2) Company Name  Your Duties:	Address & Phone No.	Employment From:	Supervisor No	ame	Position	n Held
(2) Company Name  Your Duties: Reason For Leavi	Address & Phone No.	Employment From: To:				
(2) Company Name  Your Duties:  Reason For Leavi (3)	Address & Phone No.	Employment From: To:  Dates of	Supervisor No		Position	
(2) Company Name  Your Duties:  Reason For Leavi (3)	Address & Phone No.	Employment From: To:  Dates of Employment				
(2) Company Name  Your Duties:  Reason For Leavi (3)	Address & Phone No.	Employment From: To:  Dates of				
(2) Company Name  Your Duties:  Reason For Leavi	Address & Phone No.	Employment From: To:  Dates of Employment From:				
(2) Company Name  Your Duties:	Address & Phone No.	Employment From: To:  Dates of Employment				

This company is an <u>at will</u> employer, meaning that either the employer or employee can end the employment relationship at any time and for any or no reason.

(4)	Address &	Dates of	Supervisor Name	Position Held	
Company Name	Phone No.	Employment			
		From:			
		To:			
Your Duties:					
Reason For Leavi	ng:				
(5) Company Name	Address & Phone No.	Dates of Employment	Supervisor Name	Position Held	
2 3 - Ap willy 1 wille	1,0	From:			
		То:			
Your Duties:					
Reason For Leavi	ng:				
(6)	Address &	Dates of	Supervisor Name	Position Held	
Company Name	Phone No.	Employment	P		
		From:			
		To:			
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 #
Professional Name	Address	Phone #

**Applicant Work Availability:** 

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Center Locatio	ns					
(circle all that a	apply)	McMinnville	Newberg	Dayton	Willamina/Sheric	lan

Name:	IF APPLYING FOR A CL	ASSROOM POSITION	
PLEASE I	NOTE: Not all classroom position require form dren and families is equally important. Howeversidered.		
List below a Relationship	ΓΙΟΝΑL SHEETS OF PAPER IF NECESSARY A my educational coursework you have had in: Early os, or any coursework relative to the position you are all order. If you have a copy of transcript(s) to attach	Childhood Education, Child I e applying for. Begin with the	Development, and/or Family e earliest and list in
DATE	CLASS NAME OR DESCRIPTION	CREDITS EARNED	EDUCATIONAL INSTITUTION
	any workshops or additional training experience nily Relationships that you have taken. Do not in		
DATE	CLASS NAME OR DESCRIPTION	CREDITS EARNED	EDUCATIONAL INSTITUTION
	ribe any <u>other</u> work or volunteer experience you have you have not already listed that experience.	ve that relates specifically to the	ne position for which you are
·			

This company is an  $\underline{at\ will}$  employer, meaning that either the employer or employee can end the employment relationship at any time and for any or no reason.

#### 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, policies, and working conditions as deemed 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 are applying for please use this space:	information you consider relevant to the position you
This application will only be considered for one year. this time period and still wish to be considered for em	
APPLICANT SIGNATURE:	TODAY'S DATE:
Unsigned or incomplete applications will not be considered.	

HSYC is an At-Will and Equal Opportunity Employer.

## 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			
O MALE O FEMALE				
Handicap status: Are you considered handicap as defined by the Department of Health, Education and Welfare? O Yes O No				
Ethnic background – CHECK ONE ONLY:				

- O HISPANIC OR LATINO: All persons of Cuban, Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- O WHITE (not Hispanic or Latino): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- O BLACK OR AFRICAN AMERICAN (not Hispanic or Latino): All persons having origins in any of the black racial groups of Africa.
- O ASIAN (not Hispanic or Latino): All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- O NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- O AMERICAN INDIAN OR ALASKA NATIVE: All persons having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- O TWO OR MORE RACES: All persons who primarily identifies with two or more of the above race/ethnicity categories.