



# Head Start of Yamhill County

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

## APPLICATION FOR EMPLOYMENT

Today's Date \_\_\_\_\_ Position Applying For \_\_\_\_\_  
Teacher, Assistant, Classroom Aide, Cook, Bus Driver, Site Facilitator, etc. (full list can be found in our website)

### **EQUAL EMPLOYMENT OPPORTUNITY:**

**This application is not, by any means an employment contract** but merely is intended to evaluate suitability for employment. It is the policy of HSYC to provide equal employment to all qualified persons without regard to race, color, sex, religion, age, marital status, national origin, citizenship, disability, veteran status, or any other status protected under state or federal laws.

**(Please print all the information, in black or blue ink)**

**IMPORTANT:** Applicants with disabilities may request reasonable accommodation to complete this application, or to take any test required for the position for which they have applied, by making a request at the time of application or testing.

### **PERSONAL INFORMATION:**

Name: _____			
First	Middle	Last	
Address: _____		Phone # _____ - _____ - _____	
_____		Message # _____ - _____ - _____	
e-mail: _____			

Are you at least 18?     Yes    No

Are you eligible to work in the U.S.?    Yes    No

If not, can you provide proof of identity and eligibility to work in this country?    Yes    No

Do you have any relative/friend who currently works for us? (Qualified relative/friends are eligible for employment except in unusual situations where we need to avoid possible conflict of interest).    Yes    No

How did you learn about this position? \_\_\_\_\_

Have you applied with this organization before?    Yes    No

If yes, please explain: \_\_\_\_\_

Are you a current or past Head Start parent?    Yes    No

If yes, please explain: \_\_\_\_\_

Do you have a valid driver's license?    Yes    No

Do you have reliable transportation?    Yes    No

When are you available to work? \_\_\_\_\_

Are you multilingual or bilingual?    Yes    No

If you are multilingual or bilingual, in which languages? \_\_\_\_\_

If you are multilingual or bilingual, are you fluent in both conversation and in writing?    Yes    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.

**EMERGENCY CONTACT: Who should we contact in case of emergency?**

Name	Address	Phone #

**EDUCATION/SKILLS:**

	School Name	City & State	Area of Study	Degree Type
High School/GED				
College				
Other (Specify)				

State any skills, trainings, or certificates relevant to the position for which you are applying including secondary languages you speak or read:

**EMPLOYMENT HISTORY: State all the jobs you have had *in the last 7 years*; beginning with the most recent. (print additional copies of this page if needed and attach to application)**

(1) Company Name	Address & Phone No.	Dates of Employment	Supervisor Name	Position Held
		From:		
		To:		

Your Duties:

Reason For Leaving:

(2) Company Name	Address & Phone No.	Dates of Employment	Supervisor Name	Position Held
		From:		
		To:		

Your Duties:

Reason For Leaving:

(3) Company Name	Address & Phone No.	Dates of Employment	Supervisor Name	Position Held
		From:		
		To:		

Your Duties:

Reason For Leaving:

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<b>(4)</b>	<b>Address &amp; Phone No.</b>	<b>Dates of Employment</b>	<b>Supervisor Name</b>	<b>Position Held</b>
Company Name		From:		
		To:		
Your Duties:				
Reason For Leaving:				
<b>(5)</b>	<b>Address &amp; Phone No.</b>	<b>Dates of Employment</b>	<b>Supervisor Name</b>	<b>Position Held</b>
Company Name		From:		
		To:		
Your Duties:				
Reason For Leaving:				
<b>(6)</b>	<b>Address &amp; Phone No.</b>	<b>Dates of Employment</b>	<b>Supervisor Name</b>	<b>Position Held</b>
Company Name		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 Locations (circle all that apply)                      McMinnville                      Newberg                      Willamina/Sheridan						

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**IF APPLYING FOR A CLASSROOM POSITION**

**Name:** \_\_\_\_\_

**PLEASE NOTE:** Not all classroom position require formal educational experience. Experience working with young children and families is equally important. However, any relevant coursework or workshops listed below will be considered.

USE ADDITIONAL SHEETS OF PAPER IF NECESSARY AND ATTACH TO THIS FORM.

List below any educational coursework you have had in: Early Childhood Education, Child Development, and/or Family Relationships, or any coursework relative to the position you are applying for. Begin with the earliest and list in chronological order. If you have a copy of transcript(s) to attach, you do not need to duplicate.

DATE	CLASS NAME OR DESCRIPTION	CREDITS EARNED	EDUCATIONAL INSTITUTION

List below any workshops or additional training experience in Early Childhood Education, Child Development, and/or Family Relationships that you have taken. Do not include any coursework listed above.

DATE	CLASS NAME OR DESCRIPTION	CREDITS EARNED	EDUCATIONAL INSTITUTION

Please describe any other work or volunteer experience you have that relates specifically to the position for which you are applying, if you have not already listed that experience.

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**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 information you consider relevant to the position you are applying for please use this space:

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**This application will only be considered for one year. I understand that if I have not been hired within this time period and still wish to be considered for employment, I must submit a new application.**

**APPLICANT SIGNATURE:**

**TODAY'S DATE:**

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*Unsigned or incomplete applications will not be considered.*

**HSYC is an At-Will and Equal Opportunity Employer.**

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**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 \_\_\_\_\_

MALE     FEMALE

Handicap status: Are you considered handicap as defined by the Department of Health, Education and Welfare?     Yes     No

Ethnic background – CHECK ONE ONLY:

- HISPANIC OR LATINO: All persons of Cuban, Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- WHITE (not Hispanic or Latino): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- BLACK OR AFRICAN AMERICAN (not Hispanic or Latino): All persons having origins in any of the black racial groups of Africa.
- 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.
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- 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.
- TWO OR MORE RACES: All persons who primarily identifies with two or more of the above race/ethnicity categories.

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