

APPLICATION FOR EMPLOYMENT

Please complete entire application, do not write "See Resume". All information will be treated confidentially. Type or print clearly.

Date _____
Name _____ Phone Numbers _____
Address _____ City _____ State _____ Zip _____
Position Applying For _____
Do you have any weight lifting restrictions? Yes _____ No _____ Do you have the legal right to work in the U.S.? Yes _____ No _____

DECLARATION FORM FOR PROSPECTIVE EMPLOYEES IN HEAD START PROGRAMS

Federal policies require Head Start Agencies have all prospective employees sign a Declaration prior to employment which lists:

- (1) All pending and prior criminal arrests and charges related to child sexual abuse and their disposition;
- (2) Convictions related to other forms of child abuse and/or neglect; and
- (3) All convictions of violent felonies.

The Declaration may exclude:

- **any offense, other than any offense related to child abuse and/or child sexual abuse or violent felonies committed before the prospective employee's 18th birthday, which was finally adjudicated in a juvenile court or under a youth offender law;
- **any conviction for which the record has been expunged under Federal or State law; and
- **any conviction set aside under the Federal Youth Corrections Act or similar State authority.

Note: Individuals who declare, through this form, that they have been arrested, charged with or convicted of any of the offenses listed above are not automatically disqualified from being hired. Head Start Agencies must review each case to assess the relevance of an arrest, charge or conviction to a hiring decision.

Please provide your signature on the appropriate category below:

*I have not been arrested, charged and/or convicted on one or more of the three types of offenses listed above.

Signature _____

Date _____

*I have been arrested, charged and/or convicted on one or more of the three types of offenses listed above. Please attach information listing the offense(s), the date(s) of the arrest, charge, and/or conviction, and other relevant information.

Signature _____

Date _____

DRIVING INFORMATION

Driver's License #: _____ Class: _____

State of Issue: _____ Expiration Date: _____

Accidents/Violations in past five (5) years: _____

Physical Restrictions listed on driver's license: _____

Do you have your own transportation available? Yes No

Note: (1) A motor vehicle report is requested from the State Motor Vehicle Department upon hiring and yearly thereafter on all Bus Drivers. All other applicants and staff may be subject to a motor vehicle report from the State Motor Vehicle Department. Your current driver's license must be presented upon hiring.

- (2) All Bus Driver applicants will be required to have a Department Of Transportation physical exam before beginning work as a Driver. All other applicants will be required to have a physical exam during their first three months of employment.

CORE VALUES

*We value all relationships based on integrity, trust and respect.

*We value our strength-based partnerships with families and community agencies.

*We value the uniqueness and diversity within our communities.

Reach Up Inc. does not discriminate in hiring or terms on conditions of employment because of an individual's race, religion, color, sex, age, national origin, marital status, sexual preference, disability or any other characteristics prohibited by law.

06/11

EDUCATION AND PROFESSIONAL TRAINING

**If applying for a Teaching position, please include a cover letter, resume, letters of recommendation, and college transcripts supporting your education in early childhood education.

Names of High School , Colleges, and Universities	Location	Phone/fax Numbers	Number of years Completed	Diploma/ Degrees	Majors/minors

WORK HISTORY

Names of Institution	Location	Phone /fax Numbers	Position Title	Salary	Dates Employed	Reason for Leaving

VOLUNTEER EXPERIENCES

Agency/Organization Name	Location	Dates of Service	Position	Supervisor	Phone/fax Numbers

PROFESSIONAL AND PERSONAL RERFERENCES – Include Work History Supervisors (minimum of 2).

Name	Address	Relationship	Phone/Fax Number

Is there anything that would prevent you from performing the essential functions of the job(s) applied for? _____

CERTIFICATION, ACKNOWLEDGEMENT AND QUESTIONS

I certify that the information provided in this application is true, correct, and complete. I understand that any false information or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment, and constitutes grounds for my immediate dismissal should I be employed by Reach-Up Inc. I also acknowledge that any offer of employment will be conditional pending completion of a criminal history background check and a motor vehicle report with the State of MN. In connection with this application I hereby authorize any and all current and former employers, organizations where I have volunteered and references named in this application to release to Reach-Up Inc. any and all information regarding my job performance and fitness/qualifications to perform the position I am presently seeking. I understand that Reach-Up Inc. will use this information to determine my fitness/qualifications for the position I am seeking. I hereby release Reach-Up Inc, former employers, volunteer organizations or references, for any and all liability of whatever nature by reason of requesting or providing such information

Applicant's Signature _____

Date of Signature _____

Reach-Up Inc. will hold applications on file for 6 months following the date on the application. It is the responsibility of the applicant to update their application materials and apply for new positions that become available within Reach-Up Inc.

FEDERAL REGULATIONS

Early/ Head Start is required by federal regulations to give preference to specific groups of people in hiring for certain positions. You are not required to fill out this form unless you wish to receive this preference. All applications will be considered.

1. I am a parent of a child currently or previously enrolled in Early Head Start or Head Start. _____ Yes _____ No
2. My total annual family income is equal or below the figures shown on the following chart: _____ Yes _____ No

Size of Family Unit	Income	Size of Family Unit	Income
1	\$10,890	2	\$14,710
3	\$18,530	4	\$22,350
5	\$26,170	6	\$29,990
7	\$33,810	8	\$37,630

For family units with more than 8 members, add \$3,820 for each additional member. Income includes wages and salary before deductions, net income from self-employment, social security or railroad retirement, unemployment compensation, strike benefits, AFDC, SSI, general assistance, alimony, child support, pension payments, scholarships, grants, and other forms of income.

APPLICANT DATA TRACKING RECORD

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please Note: YOUR COOPERATION IS VOLUNTARY, INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

Date: _____

Name: _____

Position Applying For: _____

Sex: _____ Female _____ Male

Of the following, what racial/ethnic group are you:

_____ **White** (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa or the Middle East

_____ **Black or African American** (Not of Hispanic Origin) All persons having origins in any of the black racial groups of Africa.

_____ **Hispanic or Latino** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race

_____ **Asian or Pacific Islander** All persons having origins in any of the original peoples of the Far East, South Asia, or the Indian subcontinent, or the Pacific Islands. The areas include, for example, China, Japan, Korea, India, the Philippine Islands, and Samoa.

_____ **American Indian or Alaskan Native** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Disabled is defined as: any person who has a physical, sensory, or mental impairment which materially limits one or more major life activity or has a record of or is regarded as having such an impairment.

Check one: Disabled _____ Not disabled _____

Check if the following is applicable: _____ Vietnam Era Veteran

Check how you heard about this job opening:

_____ Newspaper Advertisement _____ Reach-Up Website
 _____ Internet: _____
 _____ Other: _____