

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 positively impact our community by striving to meet the changing needs of low-income families with young children.

*We partner with families to identify and build on their strengths as they develop and achieve their family goals.

*We embrace the uniqueness and diversity within our communities.

*We foster the education, health, wellness, and safety of your children, families and staff.

*We use current research to continually improve services.

*We value community partnerships to enhance services for young children and families.

*We promote a work culture that supports personal growth, positive attitudes, effective communication, and respect for one another.

07/09

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.

Name	Address	Relationship	Phone/Fax Number

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 and Head Start are 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.

SECTION I.

1. I am a parent of a child currently or previously enrolled in Early Head Start or Head Start.
_____ Yes _____ No

SECTION II.

1. My total annual family income is equal or below the figures shown on the following chart:
_____ Yes _____ No

Table with 2 columns: Size of Family Unit, Income. Rows 1-8 with corresponding income values from \$10,210 to \$34,570.

For family units with more than 8 members, add \$3,260 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

Applicants are considered for all positions, and employees are treated during employment without regards to race, color, creed, age, sex, sexual orientation, national origin, disability, political affiliation, religion, marital status, status with regard to public assistance, Vietnam era veterans and disabled veterans. As employers/government contractor, we comply with government regulations and Affirmative Action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Tracking Record form. This information will not be maintained in personnel files and it will not be made available to any person involved in decisions affecting an individual's appointment or promotion to a position. This data is for analysis and Affirmative Action only. We appreciate your cooperation.

Date: _____
Name: _____
Position Applying For: _____
Sex: _____ Female _____ Male

Of the following, what racial/ethnic group are you:
_____ American Indian/Alaskan Native
_____ Asian/Pacific Islander
_____ Black African American
_____ Caucasian
_____ Hispanic

Check how you heard about this job opening:
_____ Newspaper Advertisement _____ Radio Advertisement
_____ Internet _____ Walk-In
_____ Reach-Up Website _____ Job Service
_____ Employment Agency _____ Other: _____

Check if any of the following are applicable:
_____ Vietnam Era Veteran _____ Disabled