

HEAD START CHILD & FAMILY DEVELOPMENT CENTERS, INC. (HSCFDC)
APPLICATION FOR EMPLOYMENT

Please complete all sections: Write "N/A" if Not Applicable

1. _____
Position applied for
2. _____
Name (Last, First, Middle) (Maiden Name)
3. _____
Address (Street, City, State, Zip Code)
4. _____ 5. _____
Phone (area code) Social Security Number
5. _____
Email Address
6. Are you a citizen of the United States? ____ Yes ____ No
a. If "No", do you have the legal right to remain in the U.S. on a permanent basis? ____ Yes ____ No
7. Do any members of your immediate family serve on the HSCFDC Board of Directors? ____ Yes ____ No
8. Are any members of your immediate family currently employed by HSCFDC? ____ Yes ____ No
If "Yes", please give the name of the family member(s): _____

9. Have you ever been employed by HSCFDC before? ____ Yes ____ No
If "Yes", give position(s) held and dates: _____

10. Has your child/children attended Head Start? ____ Yes ____ No
11. Are you available for work immediately? ____ Yes ____ No
If "No", on what date would you be available? _____
12. Which employment areas do you wish to be considered for? (check all that apply)
____ La Crosse County ____ Monroe County (Tomah / Sparta)
____ Crawford County (Prairie du Chien) ____ Vernon County (Viroqua)
13. Are you available to work? Full Time ____ Yes ____ No
(check all that apply) Part Time ____ Yes ____ No
Temporary ____ Yes ____ No
14. Can you travel if the job requires it? ____ Yes ____ No
Do you have dependable transportation? ____ Yes ____ No
Do you hold a valid driver's license? ____ Yes ____ No
Do you carry auto insurance coverage? ____ Yes ____ No
15. Education Years Completed (circle)
Elementary 4, 5, 6, 7, 8 High School 9, 10, 11, 12
College 1, 2, 3, 4 Post Graduate 1, 2, 3, 4

3) Name of Employer _____
 Address of Employer _____
 Telephone Number _____
 Dates of Employment (month / year) From: _____ To: _____
 Type of Business/Organization _____
 Title of Position Held _____
 Name of Immediate Supervisor _____
 Reason for Leaving _____
 Salary or Earnings Beginning \$ _____ per _____
 Ending \$ _____ per _____
 Description of Work Performed (specific duties, responsibilities, and accomplishments) in Job

20. Personal References (Not Former Employers or Relatives)

Name	Business or Home Address	Phone	Occupation
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

I hereby declare the information provided by me in this application for employment is true, correct, and complete to the best of my knowledge. I understand that a false, incomplete, or dishonest answer to any question on this application shall be grounds for rating an applicant ineligible for employment with this agency, or for dismissal after employment. Any resumes and/or credentials attached will be subject to the above statement. All statements on this application are subject to investigation.

Terms and conditions of employment require a Criminal Records Check with the Wisconsin Department of Justice and a Medical Examination is required. All hiring is contingent upon a successful Criminal Background/Record Check.

Signature of Applicant _____ Date _____

“AN EQUAL OPPORTUNITY EMPLOYER”

Return Application to: Human Resources
 Head Start Child & Family Development Centers, Inc.
 333 Buchner Place Wing A
 La Crosse WI 54603

AFFIRMATIVE ACTION SURVEY

The following information is needed to complete various government reports and to implement the Affirmative Action programs to ensure elimination of discrimination on the basis of age, race, religion, color, disability or association with a person with a disability, sex, national origin or ancestry, arrest record or conviction record, sexual orientation, marital status or pregnancy, political belief, or affiliation, military participation, or use or nonuse of lawful products during non-working hours. The information furnished on this form will not and legally cannot be used adversely against an applicant for employment, except that age, sex, physical or mental ability, and conviction record may be considered when relevant to the position for which you are applying.

This document will not be kept with the employment application. It will be maintained in the confidential records of the Affirmative Action Officer.

Please note that this information is provided on a voluntary basis. If you object to furnishing the information, simply sign and date the form. Any false information on this form will be treated the same as false statements on the application form.

PLEASE PRINT IN INK OR TYPE

POSITION APPLIED FOR: _____ DATE: _____

Name		Social Security Number	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth		Ethnic Group <input type="checkbox"/> Hispanic or Latino (White race only) <input type="checkbox"/> Hispanic or Latino (all other races)	
Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> White			
Referral Source <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> County Employee <input type="checkbox"/> Web Site <input type="checkbox"/> Job Posting <input type="checkbox"/> Job Service <input type="checkbox"/> Other (specify) _____			
State names of relatives employed by Head Start Child & Family Centers, Inc. (HSCFDC, Inc.):			
Veteran Status <input type="checkbox"/> Yes <input type="checkbox"/> No			

AN INDIVIDUAL IS CONSIDERED DISABLED UNDER THE AMERICANS WITH DISABILITY ACT IF HE/SHE:

- (1) has a physical or mental impairment(s) which substantially limits one or more major life activities
- (2) has a record of such impairment(s)
- (3) is regarded as having such impairment(s)

Disability status (check one)

 Not disabled Disabled Disabled Veteran

Please explain how any physical, mental or medical impairment or disability would limit your job performance for the position for which you are applying:

Indicate what reasonable accommodations would enable you to perform the essential tasks/duties for the job which you are applying for:

APPLICANT'S SIGNATURE _____ DATE _____