



Head Start

Child and Family Development Centers, Inc.
Serving Children and Families in the Coulee Region

APPLICATION FOR EMPLOYMENT

NOTE: Please answer each question fully and accurately. No action can be taken on this application until all questions have been answered. PLEASE PRINT

Position applying for: _____ Today's Date: _____

Name: _____
(Last, First, Middle) (Maiden Name)

Address: _____
(Street, City, State, Zip Code)

Phone #: _____ Email Address: _____
(Area Code)

Are you 18 or older? _____ Yes _____ No

Are you a citizen of the United States? _____ Yes _____ No
If "No", do you have the legal right to remain in the U.S. on a permanent basis? _____ Yes _____ No

Are you fluent in a second language? _____ Yes _____ No
If "Yes", please list the language: _____

Have you ever been employed by this agency? _____ If yes, please list date _____

Have you ever applied for employment at this agency? _____ If yes, please list date _____

Has your child/children ever attended Head Start? _____ Yes _____ No

Are you related to any agency employee, Board Member, or Policy Council Member? _____ If yes, please list name of person and relationship: _____

Number of work days missed in the last 6 months: _____

Are you available for work immediately? _____ Yes _____ No
If "No", on what date would you be available? _____

Which employment areas do you wish to be considered for? (Check all that apply)

_____ La Crosse County _____ Monroe County (Tomah/Sparta) _____ Vernon County (Viroqua)

Type of employment desired? (Check all that apply)

_____ Full Time _____ Part Time _____ Temporary

Can you travel if the job requires it? _____ Yes _____ No

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

Do you carry auto insurance coverage? _____ Yes _____ No

Employment Experience

I give my permission to HSCFDC, Inc. to contact any previous employers for the express purpose of verifying employment and/all information subject to background information checks and fingerprinting required by State and Federal funding sources.

_____ Applicant's Name Printed _____ Applicant's Signature _____ Today's Date

Please list below your last three employers, starting with current or most recent. If you need additional space, please continue on a separate sheet of paper.

1. _____ (_____) _____
EMPLOYER TELEPHONE

_____ ADDRESS _____ EMAIL ADDRESS

_____ JOB TITLE _____ SUPERVISOR

_____ SALARY _____ DATES WORKED FROM TO _____

_____ REASON FOR LEAVING _____ Yes _____ No
MAY WE CONTACT THIS EMPLOYER

Description of Work Performed: _____

2. _____ (_____) _____
EMPLOYER TELEPHONE

_____ ADDRESS _____ EMAIL ADDRESS

_____ JOB TITLE _____ SUPERVISOR

_____ SALARY _____ DATES WORKED FROM TO _____

_____ REASON FOR LEAVING _____ Yes _____ No
MAY WE CONTACT THIS EMPLOYER

Description of Work Performed: _____

3. _____ (_____) _____
 EMPLOYER TELEPHONE

 ADDRESS EMAIL ADDRESS

 JOB TITLE SUPERVISOR

 SALARY DATES WORKED FROM TO _____

 REASON FOR LEAVING Yes _____ No _____
 MAY WE CONTACT THIS EMPLOYER

Description of Work Performed: _____

Education/Training

Education	School Name & Location	Degree Received	Major/Minor
High School			
College			
Graduate			
Other			

List any special abilities, interests, and/or community activities which would enhance your opportunity for employment: _____

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)? _____ Yes _____ No

References

List below the names of persons who are qualified to answer questions concerning your abilities.

Name	Phone Number	Occupation	Relationship to you
1. _____			
2. _____			
3. _____			

Applicant Statement

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 application 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.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____

“AN EQUAL OPPORTUNITY EMPLOYER”

Return Application to: Human Resources
Head Start Child and Family Development Centers, Inc.
333 Buchner Place Wing A
La Crosse, WI 54603
Or email to: suefladhammer@headstartcr.com

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	
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		Date of Birth Ethnic Group <input type="checkbox"/> Hispanic or Latino (White race only) <input type="checkbox"/> Hispanic or Latino (all other races)	
Referral Source <input type="checkbox"/> Newspaper <input type="checkbox"/> 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 which substantially limits one or more major life activities
- (2) has a record of such impairments
- (3) is regarded as having such impairment

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 _____