



Greater East Texas Community Action Program

# Head Start Child Development Center

1902 Old Tyler Road, P.O. Box 631938, Nacogdoches, TX 75963

## Employment Application

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applying for \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

Desired Work Location  Nacogdoches  Crockett  Trinity  Groveton  Huntsville  Coldspring

Referral Source  Advertisement  Employee  Relative  Government Employment Agency  
 Walk in  Private Employment Agency  Other \_\_\_\_\_

Name of source (if applicable) \_\_\_\_\_

**Name** \_\_\_\_\_  
Last First Middle

**Address** \_\_\_\_\_  
Street City State Zip

**Phone** (\_\_\_\_) \_\_\_\_\_ **Cell/Beeper/Other #** (\_\_\_\_) \_\_\_\_\_ **Email** \_\_\_\_\_

If necessary, best time to call you at home is \_\_\_\_\_ am/pm. May we call you at work?  Yes  No

If yes, work number and best time to call: (\_\_\_\_) \_\_\_\_\_ am/pm

Are you age 18 or older?  Yes  No Are you legally eligible for employment in the US?  Yes  No

Have you applied here previously?  Yes  No Have you ever been employed here?  Yes  No

If yes, please give date(s) and position(s) \_\_\_\_\_

Type of employment desired:  Full Time  Part Time

Will you relocate if job requires it?  Yes  No Will you travel if job requires it?  Yes  No

Are you able to meet the requirements of the position?  Yes  No Have you ever been bonded?  Yes  No

Do you have any relatives that work with this agency?  Yes  No Name(s) \_\_\_\_\_

Have you ever pled "guilty" or "no contest" to or been convicted of a crime? *Answering "yes" to this question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.*  Yes  No

If yes, please provide date(s) and details \_\_\_\_\_

**AN EQUAL OPPORTUNITY EMPLOYER**

# Employment History

Please provide accurate, complete full-time and part-time employment record. Start with your present or most recent employer. You may also use this space for assignments and volunteer activities.

Company Name	Telephone (      )
Address	Dates Employed (month and year) From:                      To:
Name of Supervisor	Weekly Pay Start:                      Last:
Job Title and Brief Description of Duties:	Reason for Leaving:
Company Name	Telephone (      )
Address	Dates Employed (month and year) From:                      To:
Name of Supervisor	Weekly Pay Start:                      Last:
Job Title and Brief Description of Duties:	Reason for Leaving:
Company Name	Telephone (      )
Address	Dates Employed (month and year) From:                      To:
Name of Supervisor	Weekly Pay Start:                      Last:
Job Title and Brief Description of Duties:	Reason for Leaving:
Company Name	Telephone (      )
Address	Dates Employed (month and year) From:                      To:
Name of Supervisor	Weekly Pay Start:                      Last:
Job Title and Brief Description of Duties:	Reason for Leaving:

We may contact the employers listed above unless you indicate here those that you do not want us to contact.	<b>DO NOT CONTACT</b>
Employer(s):	Reason(s):

## Skills and Qualifications

Please summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job related functions in the position for which you are applying.

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## Educational Background

Please list the last three schools attended, starting with the most recent.

School	Years Completed	Degree/Diploma	GPA/Rank	Major

## References

Please list three business/work references who are NOT related to you and are NOT previous supervisors.

Name	Telephone	Relationship
	( )	
	( )	
	( )	

## Additional Information

*Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.*

List professional, trade, business or civic associations and any offices held. \_\_\_\_\_

List any special accomplishments, publications, awards, etc. \_\_\_\_\_

List any additional information you would like us to consider: \_\_\_\_\_

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# Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and complete a new application.

This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Head Start Director, Agency's Executive Director, or the Chairman of the Board of Directors.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANTS STATEMENT.**

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

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**AFFIDAVIT FOR APPLICANTS FOR EMPLOYMENT WITH A LICENSED OPERATION OR REGISTERED CHILD-CARE HOME**

AN APPLICANT FOR TEMPORARY OR PERMANENT EMPLOYMENT with a licensed child-care facility, licensed child-placing agency or registered child-care home whose employment or potential employment with the facility, agency, or home involves direct interaction with or the opportunity to interact and associate with children must execute and submit the following affidavit with the application for employment:

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

**I swear or affirm under penalty of perjury that I do not now and I have not at any time, either as an adult or as a juvenile:**

1. Been convicted of;
2. Pleaded guilty to (whether or not resulting in a conviction);
3. Pleaded nolo contendere or no contest to;
4. Admitted;
5. Had any judgment or order rendered against me (whether by default or otherwise);
6. Entered into any settlement of an action or claim of;
7. Had any license, certification, employment, or volunteer position suspended, revoked, terminated, or adversely affected because of;
8. Resigned under threat of termination of employment or volunteerism for;
9. Had a report of child abuse or neglect made and substantiated against me for; or
10. Have any pending criminal charges against me in this or any other jurisdiction for;

**Any conduct, matter, or thing (irrespective of formal name thereof) constituting or involving (whether under criminal or civil law of any jurisdiction):**

1. Any felony;
2. Rape or other sexual assault;
3. Physical, sexual, emotional abuse and/or neglect of a minor;
4. Incest;
5. Exploitation, including sexual, of a minor;
6. Sexual misconduct with a minor;
7. Molestation of a child;
8. Lewdness or indecent exposure;
9. Lewd and lascivious behavior;
10. Obscene or pornographic literature, photographs, or videos;
11. Assault, battery, or any violent offense involving a minor;
12. Endangerment of a child;
13. Any misdemeanor or other offense classification involving a minor or to which a minor was a witness;
14. Unfitness as a parent or custodian;
15. Removing children from a state or concealing children in violation of a court order;
16. Restrictions or limitations on contact or visitation with children or minors resulting from a court order protecting a child or minor from abuse, neglect, or exploitation; or,
17. Any type of child abduction.

**Except the following (list all incidents, locations, description, and date) (if none, write NONE)**

\_\_\_\_\_  
\_\_\_\_\_

The failure or refusal of the applicant to sign or provide the affidavit constitutes good cause for refusal to hire the applicant.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_

Signature of notary officer: \_\_\_\_\_  
(seal, if any, of notarial officer)

My commission expires: \_\_\_\_\_