

# *Southeast Alabama Regional Planning and Development Commission*

P.O. Box 1406  
Dothan, Alabama 36302

---



Phone: 334-794-4093 X 1415  
Fax: 334-794-3288  
[www.searfdc.org](http://www.searfdc.org)

---

## **HEAD START APPLICATION FOR EMPLOYMENT INSTRUCTIONS**

Dear Applicant,

We are currently in the process of filling our hiring rosters. Should any employment vacancies occur over the next year, we will hire from these rosters instead of posting each position as it becomes available.

Please keep the following in mind when completing this application:

- Proof of education is required for the highest education level listed on the application. If this is a High School Diploma, please include a copy. If your highest level of education is a college degree, please include transcripts.
- There are two pages that require original signatures and initials. The application can be electronically filled except for these sections. Please print the application, sign and initial in the designated places, and either fax, email, or mail it to my attention.
- A separate application is required for each desired position.
- Applications will not be accepted after April 7, 2017

Thank you for your interest in joining our Head Start Program!

Amanda Reed  
Human Resources Director  
[areed@searfdc.org](mailto:areed@searfdc.org)

# *Southeast Alabama Regional Planning and Development Commission*

P.O. Box 1406  
Dothan, Alabama 36302



Phone: 334-794-4093 X 1415  
Fax: 334-794-3288  
[www.searpc.org](http://www.searpc.org)

## **HEAD START APPLICATION FOR EMPLOYMENT**

The Southeast Alabama Regional Planning and Development Commission is an equal opportunity employer dedicated to a policy of nondiscrimination in employment upon any basis including race, color, creed, religion, age, sex, national origin, ancestry, marital status, military status, genetics, or the presence of any physical or mental condition or disability. In reading or answering the following questions, please keep in mind that none of the questions are intended to imply any limitations, illegal preferences, or discrimination based upon any non-job related information.

This application will be given complete consideration, but its receipt does not imply that the applicant will be employed.

PLEASE PRINT or TYPE

Desired Position: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name as it appears on your Social Security Card:

\_\_\_\_\_

First	Middle	Last
-------	--------	------

Address: \_\_\_\_\_

House or Apartment Number	Street
---------------------------	--------

\_\_\_\_\_

City	State	Zip Code
------	-------	----------

Contact Information:

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Select the best method(s) of contact: Email \_\_\_\_ Cell \_\_\_\_ Home \_\_\_\_ Work \_\_\_\_

Please note: This application form was designed for use by applicants for various positions so certain questions may not pertain to the position that interests you. Answer all questions that are relevant to the position that you are applying for. **Applications that are missing relevant job information or missing diploma/transcripts or other requested forms will not be considered.** All information will be treated confidentially and released only to those connected with the selection process. Thank you for your interest and time.

## TYPE OF EMPLOYMENT

---

---

Do you wish to work:  Full Time  Part Time

If Part time, specify days/hours: \_\_\_\_\_

Date available for work: \_\_\_\_\_

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

Salary desired: \_\_\_\_\_

Do you have any commitments to another employer that might affect your employment with us?

\_\_\_\_\_

## SKILLS

---

---

Typing Speed: \_\_\_\_\_ words per minute

Office Equipment: \_\_\_\_\_

Computer Software: \_\_\_\_\_

Other Skills: \_\_\_\_\_

Other Languages: \_\_\_\_\_ Fluency: Spoken \_\_\_\_\_ Written \_\_\_\_\_

## GENERAL INFORMATION

---

---

Are you legally authorized to work in the United States?  Yes  No  
SEARP&DC participates in E-Verify

Alabama DHR Minimum Standards requires that child care workers/teachers who have primary responsibility for the care of a group of children shall be at least 19 years of age. If you are applying for a position that has primary care for a child, please answer the following question:

Are you 19 years of age or older?  Yes  No

Do you know of any reason why you cannot perform the essential functions of the job for which you are applying with or without reasonable accommodation?

Yes  No

Have you previously applied for employment with our organization?

Yes (Date: \_\_\_\_\_)  No

Have you previously been employed by this organization?

Yes (Date: \_\_\_\_\_)  No

Do you have any relatives working for this organization?  Yes  No

If yes, please give names and relationships: \_\_\_\_\_

Have you ever been associated with this or any other Head Start Program?  Yes  No

If yes, please list how (parent, teacher, policy council, etc.): \_\_\_\_\_

## EDUCATION

If high school or college is listed, copies of transcripts or diploma **MUST** be attached

	Name and Location	Highest Grade, Degree, Major, Certification or Type of Course Completed
Elementary School		
High School		
College		
Other/ Certifications		

## CHILD CARE TRAINING

(List all courses, workshops, and conferences related to child development and early childhood education. Attach copies of certificates received.)

Title of Course/Workshop	Sponsor	Location	Dates	Hours Attended

## REFERENCES

(List at least four persons who are not related to you by blood, marriage, or adoption. At least one must be a former employer.)

Name and Address	Occupation	Phone

## EMPLOYMENT HISTORY

---

---

List in order beginning with current or most recent employer. Attach pages or resume if necessary.

---

Employer Name and Address

Position/Job: \_\_\_\_\_ Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_

May we contact this employer?  Yes  No Salary: Start \_\_\_\_\_ Finish \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Duties

Reason For Leaving

Employer Name and Address

Position/Job: \_\_\_\_\_ Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_

May we contact this employer?  Yes  No Salary: Start \_\_\_\_\_ Finish \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Duties

Reason For Leaving

---

---

---

Employer Name and Address

Position/Job: \_\_\_\_\_ Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_

May we contact this employer?  Yes  No Salary: Start \_\_\_\_\_ Finish \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Duties

Reason For Leaving

---

Employer Name and Address

Position/Job: \_\_\_\_\_ Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_

May we contact this employer?  Yes  No Salary: Start \_\_\_\_\_ Finish \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Duties

Reason For Leaving

---

Please include any additional information that would be helpful in considering you for employment such as additional work experience, activities, accomplishments, etc...

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

**AGREEMENT**

(Please read the following statements carefully)

**CRIMINAL HISTORY BACKGROUND INFORMATION CHECKS:**

In accordance with Alabama Law, (Code of Alabama 1975, Title 38, Chapter 13, effective November 1, 2000), the criminal history background information check shall be completed on each substitute, caregiver, volunteer, and domestic worker, as well as any other person who has contact with the children or unsupervised access to the children shall be reviewed.

You must complete a Mandatory Criminal History Notice Form and a Criminal History Information Consent and Release Form. The fee must be submitted with the fingerprints and the consent form. (SEARP&DC Head Start will pay this fee.) Required forms are available from the Department. If you previously had a criminal history check done for the Department of Human Resources and the required information is on file, it is not necessary to complete a criminal history check.

**CURRENT CRIMINAL CHARGES:**

Are there any current charges against you? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give details:

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

**CLEARANCE OF STATE CENTRAL REGISTRY ON CHILD ABUSE/NEGLECT:**

A completed REQUEST FOR CLEARANCE OF STATE CENTRAL REGISTRY ON CHILD/ABUSE NEGLECT (DHR-DFC-1598) shall be completed for each caregiver, substitute, volunteer, domestic worker, and any other person who has contact with children or unsupervised access to the children.

**I hereby affirm that the information provided on this application and accompanying resume (if attached) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.**

**I understand that my employment can be terminated with or without cause, at any time at the discretion of either the organization or myself. I understand that no management official other than the executive director of the commission has any authority to enter into any agreement contrary to the forgoing to make any oral assurance or promise of continued employment.**

**I am granting permission for all persons, organizations, agencies, schools, current employer (if applicable), and previous employers named in this application and resume (if attached) to provide any relevant information regarding my background that may be required to arrive an employment decision.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

# Agreement

Please read carefully and initial each paragraph before signing.

By my signature and initials placed below, I promise that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me for further consideration for employment, and may be justifications for my dismissal from employment, if discovered at a later date. I agree to immediately notify the company if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust while my job application is pending, or during my period of employment, if hired.

Initials \_\_\_\_\_

I authorize the investigation of all statements contained in this application (and accompanying resume, if any). I also authorize the company to contact my present employer (unless otherwise noted in this application form), past employers, and listed references.

Initials \_\_\_\_\_

I authorize any person, school, or current employer (except as previously noted), past employer(s), and organizations named in this application form (and accompanying resume, if any) to provide the company with relevant information and opinions that may be useful to the company in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements.

Initials \_\_\_\_\_

I give permission for a complete physical examination, including TB test and X-rays, if necessary, and I consent to the release to the company of any and all medical information, as may be deemed necessary by the company in judging my capability to do the work for which I am applying.

Initials \_\_\_\_\_

I understand that if my employment is terminated by the company for dishonesty, breach of trust, or any criminal acts the authorities may be notified and I may be criminally prosecuted. I also understand that, if hired, I may not hold other employment, nor engage in sales, investments or other activities that create a conflict of interest with my position with this company.

Initials \_\_\_\_\_

I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, my employment is for no definite period of time, and may, regardless of the date of payment of my wages or salary, be terminated at any time. I understand that no person is authorized to change any of the terms mentioned in this employment application form.

Initials \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Date



## **Applicant Data Record**

Applicants are considered for all positions, and employees are treated during their employment, without regard to their race, color, creed, religion, sex, national origin, age, marital status, military status, or any non-job related disability or medical condition.

As an employer taking affirmative action to insure removal of any past discrimination, and to help comply with governmental record keeping requirements, we would appreciate you completing this form. However, completion of this form is strictly voluntary. This data will be physically separated from the remainder of your job application before the application is considered for possible employment. This information will be kept in a confidential file, without your name on it, separate from your application for employment.

**Date** \_\_\_\_\_ **Position(s) applied for** \_\_\_\_\_

**How were you referred to our Company?** \_\_\_\_\_ Newspaper  
\_\_\_\_\_ Private Employment Agency  
\_\_\_\_\_ Relative or Friend Employed by the company  
\_\_\_\_\_ Other (Explain:\_\_\_\_\_)

**Personal:**           **Check one:** \_\_\_\_\_ Male \_\_\_\_\_ Female

**Check one:** \_\_\_\_\_ White \_\_\_\_\_ African American \_\_\_\_\_ Hispanic  
\_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ American Indian

**Check any that may apply:** \_\_\_\_\_ Vietnam Era Veteran  
\_\_\_\_\_ Disabled Veteran  
\_\_\_\_\_ Disabled Person

You may use the enclosed envelope to return this sheet or mail it under separate cover. If returning this form with the application, please seal the envelope to assure privacy.