

Southeast Alabama Regional Planning and Development Commission

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Dothan, Alabama 36302



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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 age (40 and older), race, color, national origin, ancestry, religion, sex, pregnancy (including childbirth, lactation, and related medical conditions), physical or mental disability, genetic information (including testing and characteristics), veteran status, uniformed service member status, sexual orientation, gender identity, or any other status protected by federal, state, or local laws. 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
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Address: _____

City	State	Zip Code
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Please list the best method(s) of contact:

Cell: _____ Home: _____ Work: _____

Email: _____

Please note: This application 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 for which you are applying. **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.

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

Preferred Salary: _____

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

Transcripts or diploma **MUST** be attached for the highest education level listed.

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

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; one must be a former employer.

Name	Address	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

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

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

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

Supervisor's Name: _____ Phone: _____

Job Duties

Reason For Leaving

Please attach 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.

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 obtained for each caregiver, substitute, volunteer, domestic worker, and any other person who has contact with children or unsupervised access to the children.

By signing this form, I am affirming that the above statements I have made are true and factual to the best of my knowledge; and I am granting permission for all persons, organizations, or agencies listed above to be contacted for information regarding my background.

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 justification 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 Agency 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 Agency in judging my capability to do the work for which I am applying.

Initials _____

I understand that if my employment is terminated by the Agency 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 Agency.

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 age (40 and older), race, color, national origin, ancestry, religion, sex, pregnancy (including childbirth, lactation, and related medical conditions), physical or mental disability, genetic information (including testing and characteristics), veteran status, uniformed service member status, sexual orientation, gender identity, or any other status protected by federal, state, or local laws.

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 Agency? _____ Newspaper
_____ Private Employment Agency
_____ Relative or Friend Employed by the Agency
_____ Other (Please Explain)

Personal Data:

Check One: _____ Male _____ Female

Check One: _____ White _____ Black or African American _____ Hispanic or Latino
_____ American Indian/Alaskan Native _____ Asian
_____ Native Hawaiian or other Pacific Islander _____ Two or More Races

Check any that may apply: _____ Vietnam Era Veteran
_____ Disabled Veteran
_____ Disabled Person

If returning this form with the application, please return in a separate envelope to ensure privacy.