



775 Hazen Street • Paw Paw, Michigan 49079-2001
Phone 269.657.2581 • Toll Free 800.792.0366
Fax 800.834.2500 • www.tricountyhs.org

FOR OFFICE USE ONLY:

Return Date: _____

APPLICATION FOR EMPLOYMENT

To the Applicant: We appreciate your interest in our organization and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications.

We are an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, marital or veteran status, the presence of a medical condition or handicap, height, weight, or any other protected status.

PERSONAL

Name _____
Last First Middle

Address _____
(Number) (Street) (City) (State) (Zip)

Telephone Number _____ Birth date _____
for the purposes of criminal background checks only

Are you authorized to work in the United States? Yes No

Have you been previously employed here? Yes No If yes, dates and supervisor name(s) _____

Have you filed an application before? Yes No If yes, dates _____

List any friends or relatives working here _____

Have you ever had a child in Head Start? Yes No If yes, when and where? _____

What method of transportation will you use to come to work? _____

License Plate # _____ State of _____

EMPLOYMENT DESIRED

Position(s) applied for _____ Date available to work _____

Kind of work sought: Full Time Part Time Other _____

What special training, skills, qualifications or other experiences do you have that relate to the position(s) applied for?

What language(s) do you speak fluently? _____

EMPLOYMENT EXPERIENCE

List current or most recent job first

1	Employer	Date		<u>Work Performed</u>
		From	To	
	Address			
	City State Zip	Hourly Rate / Salary		
	Phone Number (with area code)	Starting	Final	
	Job Title			
	Supervisor			
	Reason for leaving	If current employer, may we contact? Yes ____ No ____		
2	Employer	Date		<u>Work Performed</u>
		From	To	
	Address			
	City State Zip	Hourly Rate / Salary		
	Phone Number (with area code)	Starting	Final	
	Job Title			
	Supervisor			
	Reason for leaving			
3	Employer	Date		<u>Work Performed</u>
		From	To	
	Address			
	City State Zip	Hourly Rate / Salary		
	Phone Number (with area code)	Starting	Final	
	Job Title			
	Supervisor			
	Reason for leaving			
4	Employer	Date		<u>Work Performed</u>
		From	To	
	Address			
	City State Zip	Hourly Rate / Salary		
	Phone Number (with area code)	Starting	Final	
	Job Title			
	Supervisor			
	Reason for leaving			

EDUCATION	Name/Location	Number of Years	Diploma / Degree	Courses of Study
High School				
College				
Graduate				
GED				
Vocational / Training				

PROFESSIONAL REFERENCES WILL BE CONTACTED: List at least three professional references, current within the last three years. A minimum of one former supervisor must be included.

	Name, Title	Name of Business	Address – Street, City, State	Phone Number
1				
2				
3				

MILITARY SERVICE RECORD

If yes, what branch? _____ Rank at Discharge _____ Date of Discharge _____

Are you in the reserves? Yes No If yes, date obligation ends _____

Special / Technical training _____

ADDITIONAL INFORMATION

Are you able to do the job(s) for which you are applying? Yes No

If not, please explain: _____

Can you perform the essential functions of the position with or without accommodation? _____

Will you require any accommodations to participate in the application process and/or the job interview, including any testing which may be required to determine your qualifications for the position? _____

Have you ever been convicted of a crime? Yes No

If so, where, when and the nature of the offense _____

Are there any felony charges pending against you now? Yes ____ No ____ If yes, describe: _____

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

List professional, trade, business or civic activities and offices held excluding groups the name or character of which indicate race, color, religion, sex, national origin, handicap, marital or veteran status, height, weight or age. _____

State any additional information that you feel may be helpful to us in considering your application. _____

Name, address, and telephone number of the person to be notified in the event of accident or emergency. _____

APPLICANT'S CERTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY:

1. Certification of Truthfulness.

I certify that all statements on this Application for Employment are made truthfully and without evasion, and further understand and agree that such statements may be investigated and if found to be false will be sufficient reason for not being employed, or if employed may result in my dismissal.

2. Authorization for Employment/Educational Information.

I authorize the references listed in the Application for Employment, and any prior employer, educational institution, or any other persons or organizations to give Tri-County Head Start any and all information concerning my previous employment/educational accomplishments, disciplinary information or any other pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I hereby waive written notice that employment information is being provided by any person or organization.

3. Employment at Will.

If I am hired, in consideration of my employment, I agree to abide by the rules and policies of Tri-County Head Start, including any change made from time to time, and agree that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either Tri-County Head Start or myself. I understand that no administrator or other representative of Tri-County Head Start, other than the Director, has any authority to enter into any agreement for employment for any specific or indefinite period of time, or to make any agreement contrary to the foregoing. Any such agreement made by the Director must be made in writing to be effective.

4. Authorization to Work.

If I am selected for hire, I will be offered employment provided I verify that I am authorized to work as requested by the Immigration Reform and Control Act of 1986.

5. Need for Accommodation.

If I am disabled and require an accommodation to perform the job, I must notify Tri-County Head Start of that need within 182 days after I knew or reasonably should have known that an accommodation was needed. Failure to do so will bar me from alleging that Tri-County Head Start has not accommodated me as required by law.

6. Criminal Records Check.

I authorize Tri-County Head Start to conduct a criminal history check from the Michigan State Police and from any other appropriate law enforcement agency. If necessary, I will provide a set of fingerprints to the necessary authority for the purposes of conducting a criminal history check. I understand that the information obtained through a criminal history check will be used by Tri-County Head Start to determine whether I may be employed by Tri-County Head Start. Child Care Licensing Regulations and Head Start Performance Standards are used in the determination. I agree that I will not make any claims or allegations against Tri-County Head Start or its personnel on account of the criminal history check, and I expressly waive and release any such claim or allegation.

7. Release of Medical Information.

I authorize every medical doctor, physician or other healthcare provider to provide any and all information, including but not limited to, all medical reports, laboratory reports, X-rays or clinical abstracts relating to my previous health history or employment in connection with any examination, consultation, test or evaluation. I hereby release every medical doctor, healthcare personnel and every other person, firm, officer, corporation, association, organization or institute which shall comply with the authorization or request made in this respect from any and all liability. I understand that this release will not be sent to my physician or other healthcare provider until a job offer has been made.

8. Driving Records Check.

I authorize Tri-County Head Start and its agents the authority to make investigations and inquiries of my driving record.

9. Limitation on Claims.

I agree that any lawsuit against Tri-County Head Start and/or its governing authority, board of directors, employees and agents arising out of my employment or termination of employment, including but not limited to claims arising under State or Federal civil rights statutes, must be brought within the following time limits or be forever barred: (a) for lawsuits requiring a Notice of Right to Sue from the EEOC, within 90 days after the EEOC issues that Notice; or (b) for all other lawsuits, within (i) 180 days of the event(s) giving rise to the claim, or (ii) the time limit specified by statute, whichever is shorter. I waive any statute of limitations that exceeds this time limit.

10. Fringe Benefits.

I understand that it is my responsibility to provide documentation for verification of eligibility for fringe benefits as well as information regarding mailing address, telephone numbers or contact arrangements, withholding exemptions and dependent information. Tri-County Head Start shall rely on the most recent information for all purposes.

11. Confidentiality.

If I am hired, I agree that during my employment all records, papers, information and documents to which I may have access in the course of employment are considered confidential by Tri-County Head Start and will be treated as such by me and Tri-County Head Start.

12. Physical Exam and Drug Testing.

I agree to take a physical exam following an offer of employment. I agree to drug and alcohol testing at the employer's request including the withdrawal of specimen(s) of my blood, urine or hair for chemical analysis. One purpose of this analysis is to determine or exclude the presence of alcohol, drugs or other substances. Tri-County Head Start has a Zero Tolerance Policy for Drugs and Alcohol and I understand that decisions concerning my employment will be made as a result of this test.

13. Right to Inspect.

I agree that the contents of my offices, work spaces, desks, computer and computer-generated data, any of Tri-County Head Start's property that I may be using, and any of my own property, including but not limited to vehicles, that I bring onto Tri-County Head Start's premises may be inspected by Tri-County Head Start at any time.

14. Credit Report.

I understand that Tri-County Head Start may request a consumer report or an investigative consumer report, including information as to my character, general reputation, personal characteristics and mode of living for the general purpose of evaluating my application for employment. I further understand that I may request in writing from Tri-County Head Start a complete and accurate disclosure of the nature and scope of the investigation requested. I consent to the furnishing of such report to Tri-County Head Start.

15. Consideration of Employment.

I agree to the above terms of employment if I am employed by Tri-County Head Start. Should I be employed, I understand and agree that these provisions of my employment can be revised only by a signed contract authorized by a written resolution as described above. I understand and agree that, except as provided above, all compensation, benefits, programs, rules and policies of Tri-County Head Start are subject to exception or change at any time as decided by Tri-County Head Start in its sole discretion.

I have read and understand items 1 through 15 above, and acknowledge that with my signature below.

Dated: _____

Applicant's Signature

**Return this Application for
Employment to:**

**Tri-County Head Start
Administrative Offices
775 Hazen St.
Paw Paw, MI 49079**

**No applicant will be considered if the
application is sent without a resume,
copy of High School diploma (or GED),
or college transcripts for all colleges attended.**

**In addition, two letters of reference are required for
professional positions.**

Applicant Signature

Date