

EMPLOYMENT APPLICATION

You must complete all pages of this application even if you will be attaching a resume.

Name:												_														
Address:																		A	part	me	ent	#			_	
City:									s	tate	e: _					_ 2	Zip:									
Home Pho	ne: _								_ Wc	ork	Ph	one	e: _													
Email:																										
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SPECIAL SKILLS

r Tollclericy level	Beginner	Intermediate	Advar	nced	
Driver's License_					
Other Licenses/Co	ertifications				_
CPR/FIRST AID	CERTIFIED?	-			
MAT CERTIFIED	?	-			
UTER SKILLS					
Word Processing					
_					
	•				
E-mail (level)	Beginning	Intermediat	e Advar	nced	
Internet (level)	Beginning	Intermediat	e Advar	nced	
Other					
ATION					
ATION					
Do you have a hig	gh school diploma or G	GED certificate? YES	NO		
Circle highest gra	de completed in schoo	ol: 9 10 11 12			
requireme	ents of the job. Please	Business or other school attach copies of all trans pplications require transc	scripts and/or diploi		
Name & Location	of School Course of	Study Credits Earned	Dates Attended	Graduated	Degree



WORK EXPERIENCE

(If work history includes educational environments include age range of children)

Name and Address of Employer:	Supervisor's Name & Telephone:
Your Title:	Your Duties:
From: Mo. & Yr. To: Mo. & Yr.	
Total Time: Hours per week:	
Years: Months:	Reason for Leaving:
May we contact this employer?	_
Name and Address of Employer:	Supervisor's Name & Telephone:
Your Title:	
From: Mo. & Yr. To: Mo. & Yr.	
Total Time: Hours per week:	_
Years: Months:	Reason for Leaving:
May we contact this employer?	_
Name and Address of Employer:	Supervisor's Name & Telephone:
Your Title:	

	/eek:		
Years: Months:	_ Rea	ason for Leaving:	
May we contact this employer?_			
Name and Address of Employ	<u>/er:</u>	Supervisor's Name & Telephone:	
Your Title:		Your Duties:	
From: Mo. & Yr. To: Mo. & Yr.			
Total Time: Hours per w	reek:		
Years: Months:	_ Rea	ason for Leaving:	
May we contact this employer?_			
		AL and 1 PERSONAL) other than family mem acter, and personality. Complete this section (
ig a resume.			
	Relationship	Telephone	
ig a resume.	Relationship	Telephone	_
ig a resume.	Relationship	Telephone	
ig a resume.	Relationship	Telephone	-

SUPERVISORY EXPERIENCES

Name & Address	of Organization		Supervisor's Name & Phone	
	<u> </u>			
Vour Title		Vour Duties		
From: Mo. & Yr. To				
Total Time				_
Years Months Name & Address			Supervisor's Name & Phone	
From: Mo. & Yr. To	o: Mo & Yr.			
Total Time				_
Years Months	Hours per week			
ONAL INFORMAT	ION			
Explain your exped wish to inc	ctation of working for a non slude on your application.	n-profit agency and	l also please provide any additiona	al informa



An EEO Employer

Greater Opportunities, Inc. is an equal opportunity employer. Our agency does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status, physical or mental disability, arrest record, or any other protected classification.

- 1. I understand that documentation of employment eligibility for compliance with the U.S. Immigration Control and Reform Act is required at the time of hire.
- 2. I understand that enrollment in the Child Care Division Criminal History Registry is required at time of hire.
- 3. I understand that employment with GO Head Start is contingent upon final approval by the Head Start Policy Council.
- 4. I certify that the information contained in this application is correct to the best of my knowledge, and I understand that falsifications and/or omissions in any detail are grounds for disqualification from consideration for employment or if hired for dismissal from employment.
- 5. Greater Opportunities, Inc is an at-will employer;

"The Employee and employer are each free to terminate the e notice."	employment relationship with or without cause and with or without
Signature of Applicant	Date
Greater Opportunities, Inc. to investigate the truthfulness of a employers, other listed references or any other persons who Opportunities, Inc to contact anyone it deems appropriate to insuitability for employment, background, past performance, ed	on the results of a reference and background check. I authorize all statements made on this application and to contact my forme ho can verify information. "I hereby consent to permit Greate nvestigate or verify any information provided by me to discuss my ducation or related matters. I expressly give my consent to any vingly waive all rights to bring an action for defamation, invasion och information.
Signature of Applicant	Date

