

WBCO Head Start 0-5 Application for Employment Pre-employment Questionnaire

An Equal Opportunity Employer
Please Print

Position(s) Applied for		Date of Application
How Did You Learn About Us?		
Advertisement	Friend	Walk-In
Employment Agency	Relative	Other _____
Last Name	First Name	Middle or Maiden Name
Address	<i>Number of P.O. Box</i>	Street
		City
		State
		Zip
Telephone Number(s)		Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work?	Yes No
Have you ever filed an application with us before?	Yes No
If Yes, give date _____	
Have you ever been employed with us before?	Yes No
If Yes, give date _____	
Are you currently employed?	Yes No
May we contact your current employer?	Yes No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?	Yes No
<small>Proof of citizenship or immigration status will be required upon employment.</small>	
Are you currently on "lay-off" status and subject to recall?	Yes No
Have you been convicted of a felony within the last 7 years?	Yes No
<small>Conviction will not necessarily disqualify an applicant from employment.</small>	
If Yes, please explain _____	

Note: The position of Early Childhood Head Start Teachers requires:

- 1.) Physical Exam and
- 2.) TB Test

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.

Employer		Dates Employed		Work Performed:
		From	To	
Address				
		Hourly	Rate/Salary	
Telephone Number(s)		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

2.

Employer		Dates Employed		Work Performed:
		From	To	
Address				
		Hourly	Rate/Salary	
Telephone Number(s)		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

3.

Employer		Dates Employed		Work Performed:
		From	To	
Address				
		Hourly	Rate/Salary	
Telephone Number(s)		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

List professional trade, business or civic activities and offices held. *You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

References

Below, list the names of three (3) persons you are not related to, whom you have known at least one year.

1.	()
(Name)	(Phone #)
(Address)	(How are you acquainted?)
2.	()
(Name)	(Phone #)
(Address)	(How are you acquainted?)
3.	()
(Name)	(Phone #)
(Address)	(How are you acquainted?)

Applicant's Statement

I certify that answers are given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "*at will*" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "*at will*" employment relationship may not be changed by any written document or conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date