



Application for Employment

Suwannee Valley 4Cs Head Start/Early Head Start



WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Disabled applicants can request accommodation needed to enable them to complete this application.

Position(s) Applied for <small>(PLEASE PRINT)</small>		Date of Application
How Did You Learn About us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Internet <input type="checkbox"/> Relative <input type="checkbox"/> Walk-In <input type="checkbox"/> Other		
Last Name	First Name	Middle Name
Address	City	State Zip Code
Telephone Number(s) Day:	Cell:	Home:
E-Mail Address:	Who Referred You? <i>Please provide first and last name.</i>	

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? (If yes, give date) Yes No

Have you ever been employed with us before? (If yes, give date) Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment.) Yes No

On what date would you be available for work? / /

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you ever pled guilty or "no contest" to a crime, been convicted of a felony and had adjudication withheld or prosecution deferred, or do you have any criminal charges pending? Yes No
(Conviction will not necessarily disqualify an applicant from employment.)

If yes, please explain:

While employed in a child care program, have you ever been the subject of disciplinary action or been the part responsible for a child care facility receiving an administrative fine or other disciplinary action? Yes No
If yes, please identify the name of the facility and dates of employment:

Have you ever worked in a facility that has had a license denied, revoked or suspended in ANY state or jurisdiction? Yes No
If yes, please identify the name of the facility, location and dates of employment:

Have you ever held a child care license with the Department of Children and Families or been registered to provide child care in your home? Yes No
If yes, please identify the name of the facility and dates of registration/licensure:

Education / Training		
High School/GED	Name of School, City	Diploma/Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No Type _____
DCF Child Care Training	Part I & II, 40 hours <input type="checkbox"/> Yes <input type="checkbox"/> No	Child Care Certificate (CDA, FCCPC, ECPC) <input type="checkbox"/> Yes <input type="checkbox"/> No Expiration _____
College	Name of School, City	Yrs Completed _____ Degree <input type="checkbox"/> Yes <input type="checkbox"/> No Type _____
	Course of Study	

APPLICANT PREFERENCES & QUALIFICATIONS

Why are you interested in this position?

Are you a former or current Early Head Start or Head Start parent? Yes No **Former Student?** Yes No

Check your preference for either part time or full time and workday hours:

Full Time: **Part Time:** Morning Afternoon **No Preference:**

Do you have a valid Florida Drivers License? Yes No

Do you have access to dependable transportation **with** current liability insurance? Yes No

Check all certifications or degrees you hold:

→ YOU MUST ATTACH COPIES OF CERTIFICATES/TRANSCRIPTS WITH THE APPLICATION!

- | | | |
|--|--|--|
| <input type="checkbox"/> HS Diploma/GED
o <i>Diploma/Certificate or Transcript attached</i> | <input type="checkbox"/> FCCPC, ECPC or Child Development Associate (CDA) Expires: _____
o <i>Certificate/DCF Transcript attached</i> | Associate's Degree in...
o <i>Certificate & Transcripts attached</i>
<input type="checkbox"/> Early Childhood/Child Growth & Development
<input type="checkbox"/> Elementary Education
<input type="checkbox"/> 6 or more credits in ECE/CGD
<input type="checkbox"/> Other _____ |
| <input type="checkbox"/> CPR/FA
o <i>Certificate/Card attached</i> | <input type="checkbox"/> LPN
o <i>Certificate attached</i> | Bachelor's Degree in...
o <i>Certificate & Transcripts attached</i>
<input type="checkbox"/> Early Childhood/Child Growth & Development
<input type="checkbox"/> Elementary Education
<input type="checkbox"/> 6 or more credits in ECE/CGD
<input type="checkbox"/> Other _____ |
| <input type="checkbox"/> DCF Part I & II Child Care Training (40 hrs)
o <i>Certificates/DCF Transcript attached</i> | <input type="checkbox"/> CPR/FA Instructor
o <i>Certificate/Card attached</i> | |
| <input type="checkbox"/> DCF Literacy Training (5 hrs)
o <i>Certificate/DCF Transcript attached</i> | | |

TEACHING position applicants, answer the questions below:

What age group do you prefer to work with?

Birth-3, Ages 3-5, No Preference

Years of Classroom Experience with:

Infant/Toddlers : _____ (years experience)

3-5 yr olds: _____ (years experience)

Check all of your work location preferences below.

Any location Branford Ft. White Jasper

Jennings Lake City Live Oak Mayo

Describe your experience working with children:

SUPPORT position applicants (Administrative, Health Services, Education, Family Services), answer the questions below:

Years of experience:

Data Entry: _____

Pediatric Health Care: _____

Records Management: _____

Case Management: _____

Social Work: _____

Computer Experience: _____

Supervisory Experience: _____

Describe your experience for the position in which you are applying for:

Summarize special job-related skills & qualifications from employment or other experience (computer experience, foreign languages, etc.):

Employment Experience, last 7 years - Start with your current job or the last job you had. If you need more room to list all 7 years, please write on the back of this page.

Include any job-related military service assignments and volunteer activities.
You may exclude organizations that indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer	Telephone Number	Date Employed	
		From	To
Address			
		Hourly Rate/Salary	
Job Title	Supervisor	Starting	Final
Reason for Leaving			
Work Performed			

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Explain any gaps in employment:
Have you ever been terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain circumstances:
Experience relative to position applying for, if not listed above (volunteer experience, for example):

References (Do NOT use family members or past employers.)

Name 1.	Daytime Phone # ()
Address	City, State Zip
Name 2.	Daytime Phone # ()
Address	City, State Zip
Name 3.	Daytime Phone # ()
Address	City, State Zip
Name 4.	Daytime Phone # ()
Address	City, State Zip

**Equal Opportunity Employer
Applicant’s Statement and Signature**

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at will at any time with or without notice or reason and the Agency has the same right. No one other than the Executive Director of the Agency has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the Agency reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I further understand that the Agency may contact my previous employers and I authorize those employers to disclose to the Agency all records and other information pertinent to my employment with them. I release my previous employers from any liability as a result of unemployment as a result of their disclosure of information about me to the Agency. I also authorize the Agency to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I authorize the Agency to conduct an electronic screen of my background including queries on Internet search sites, such as Google, and social network sites, such as Facebook.

I further understand that if employed I will have a probation period, and that termination for unsatisfactory performance during that period will not result in any Agency responsibility for unemployment benefits. I further understand that completion of the introductory period does not confer any expectation of continued employment, and that if employed my employment will be for no definite period and “at-will”.

By signing this application, I certify that all the information that I provide on this application and in any interview will be true, complete and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I will be dismissed.

I certify that I have received a written notification that the Agency may obtain a consumer report or reports on me. I authorize this Agency to obtain such a report or reports for use in connection with my application for employment and for employment-related reasons. If hired, this authorization shall remain on file and serve as ongoing authorization for procurement of employment-related consumer reports at any time during my employment. I understand that the term “consumer reports” includes, but is not limited to, credit checks, criminal backgrounds checks, Department of Motor Vehicle reports, and investigative consumer reports. I further understand that the term “investigative consumer report” means a report in which information on my character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with my neighbors, friends, or associates, or others with whom I am acquainted or who may have knowledge concerning any such items of information.

I HEREBY CERTIFY that all of the information that I have provided in this application is true and accurate.

Applicant Signature

Date

About our agency and programs - SV4Cs is a private, non-profit organization serving 470 children and their families in Columbia, Hamilton, Lafayette and Suwannee counties through Head Start and Early Head Start programs. These comprehensive early childhood programs work with the family as a whole. Early Head Start serves families with children from birth to three years of age and pregnant women. Head Start serves families with children three to five years of age.

Applicant name: _____

CONTINUED - Employment Experience, last 7 years

Include any job-related military service assignments and volunteer activities.
You may exclude organizations that indicate race, color, religion, gender, national origin, handicap or other protected status.

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