



SHIPPENSBURG HEAD START AND PRE-K COUNTS PROGRAM

56 Spiritual Center Drive
 Shippensburg, PA 17257-2299
 (717) 477-1626

APPLICATION FOR EMPLOYMENT

Please Type or Print in Ink

NAME: <i>Last</i> <i>First</i> <i>M.I.</i>			HOME PHONE:		WORK PHONE:
			CELL:		
ADDRESS:			CITY:		STATE AND ZIP CODE:
POSITION APPLIED FOR:			ARE YOU A U.S. CITIZEN? () YES () NO <i>If you are not a U.S. Citizen, have you the legal right to remain and work in the United States? () YES () NO</i>		
HOW WERE YOU REFERRED TO SHIPPENSBURG HEAD START?					
EDUCATION					
NAME AND LOCATION OF HIGH SCHOOL:		DID YOU GRADUATE? () YES () NO		RECEIVE G.E.D.? () YES () NO	
IF NO, OR STILL ATTENDING, HIGHEST GRADE COMPLETED:					
NAME & LOCATION OF COLLEGE, TECHNICAL OR GRADUATE SCHOOL:		MAJOR:	DEGREE:	DATE CONFERRED:	
COMPUTER SKILLS & ABILITIES (SYSTEMS, SOFTWARE, ETC.):					
OTHER COURSES, TRAINING, EDUCATION:					
U. S. MILITARY: BRANCH:		FROM: TO:		TRAINING OR SPECIALTY:	
ARE YOU ABLE TO LIFT 40 lbs? () YES () NO		DO YOU POSSESS A LEGAL AND CURRENT DRIVER'S LICENSE? () YES () NO IF YES, INDICATE CLASS: () CAR OR LIGHT DUTY TRUCK () CDL, School Bus License (Class C or B)			
PROFESSIONAL LICENSES, CERTIFICATIONS, REGISTRATIONS					
TYPE:	ISSUED BY:	NUMBER:	DATE:	EXPIRES:	
HAVE YOUR PROFESSIONAL LICENSES, CERTIFICATES, OR REGISTRATIONS EVER BEEN SUSPENDED, REVOKED, OR PLACED ON PROBATION? () NO () YES IF YES, EXPLAIN FULLY:					
HAVE YOU EVER BEEN DISCHARGED FROM EMPLOYMENT? () NO () YES IF YES, EXPLAIN FULLY:					
DO YOU HAVE ANY RELATIVES CURRENTLY WORKING AT SHIPPENSBURG HEAD START? () YES () NO IF YES, PLEASE LIST NAME AND RELATIONSHIP:					

**Head Start/National Staffing is an Equal Opportunity Employer.
 Individuals from traditionally underrepresented populations are encouraged to apply.**

EMPLOYMENT HISTORY

LIST PAST EMPLOYERS WITH THE PRESENT OR MOST RECENT LISTED FIRST (ATTACH ADDITIONAL SHEETS IF NECESSARY):

DATES EMPLOYED: FROM: TO:	EMPLOYER AND ADDRESS: MAY WE CONTACT: () YES () NO SUPERVISOR: TELEPHONE NUMBER:	YOUR OCCUPATION: DESCRIPTION OF DUTIES: REASON FOR LEAVING:
DATES EMPLOYED: FROM: TO:	EMPLOYER AND ADDRESS: MAY WE CONTACT: () YES () NO SUPERVISOR: TELEPHONE NUMBER:	YOUR OCCUPATION: DESCRIPTION OF DUTIES: REASON FOR LEAVING:
DATES EMPLOYED: FROM: TO:	EMPLOYER AND ADDRESS: MAY WE CONTACT: () YES () NO SUPERVISOR: TELEPHONE NUMBER:	YOUR OCCUPATION: DESCRIPTION OF DUTIES: REASON FOR LEAVING:

REFERENCES

LIST THREE INDIVIDUALS NOT RELATED TO YOU WHO CAN EVALUATE YOUR WORK PERFORMANCE:

NAME:	NAME:	NAME:
ADDRESS:	ADDRESS:	ADDRESS:
TELEPHONE:	TELEPHONE:	TELEPHONE:
OCCUPATION:	OCCUPATION:	OCCUPATION:

INCLUDE ANY COMMENTS OR ADDITIONAL INFORMATION THAT MAY BE RELEVANT TO THE POSITION(S) FOR WHICH YOU HAVE APPLIED ON ADDITIONAL SHEETS.

CRIMINAL HISTORY

CRIMINAL OFFENSE includes felonies and misdemeanor offenses.

CONVICTION is an adjudication of guilt and includes determinations before a court, a district justice or magistrate and pleas of *nolo contendere* (no contest) that result in a fine, sentence or probation.

For this question disregard: minor traffic violations (no points), offenses committed before your 18th birthday which were adjudicated in juvenile court under a Youth Offender Law, and any charges which have been expunged by a court or for which you successfully completed an Accelerated Rehabilitative Disposition Program.

A "Yes" answer is not necessarily a bar to employment.

If you answer "Yes," please provide a written explanation.

WERE YOU EVER CONVICTED OF A CRIMINAL OFFENSE? YES NO

I certify that the information provided on this application is accurate and complete. I understand that falsification of this application may subject me to immediate termination or Head Start/National staffing refusal to employ. I understand that employment at Head Start/National Staffing is subject to verification of all information provided. All previous employers and/or references, unless noted otherwise in this application, may give any information regarding my employment to Head Start/National Staffing and are hereby released from any liability which may arise. Nothing in this application creates an offer of employment, an employment contract, or other contract of any type.

SIGNATURE:

DATE:

IS ANY ADDITIONAL INFORMATION RELATIVE TO YOUR NAME NECESSARY TO ENABLE A CHECK OF YOUR EMPLOYMENT RECORD? () NO () YES
 IF YES, LIST OTHER NAMES USED: _____