

Application For Employment

Monroe County Head Start

212 West Fourth Street

E. Stroudsburg PA 18301

Phone: 570-421-2676

Fax: 570-421-6482 **Personal Information**

Name:	Date:		
Home Address:			
City, State, Zip:			
Home Phone:	Business Phone:		
Are you 18 years or older?	Social Security Number _____ - _____ - _____		
Current Head Start Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Previous Head Start Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Bi-lingual Language: Speak: <input type="checkbox"/> Yes	<input type="checkbox"/> No Write: <input type="checkbox"/> Yes <input type="checkbox"/> No Understand: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Position Desired

First Choice:	Second Choice:		
Salary Desired:	Date Available to Start:		

Education

High School (Name, City, State):			
Grade Completed:	Major:		
Business/Technical School (Name, City, State):			
Degree/Major:			
Undergraduate College (Name, City, State):			
Degree/Major:			
Graduate School (Name, City, State):			
Degree/Major:			
Other Training (use other side, if necessary):			

Work Experience

Name/Company/Address:	Dates Employed	Position Type of Work	Reason for Leaving Job
1			
2			

3.			
Other Work Experience (use other side):			

Other Experience	
Child Care:	Teaching:
Administrative:	Social Work:
Nutrition:	Health:
Bus Driving:	Maintenance:
Other, e.g., volunteer:	
Why are you interested in working for Head Start?	

Work References/If no work experience, list name of Non-Related Reference			
Name	Work Address	Phone	Years Known

I understand that if I am selected for the position for which I am applying, I will be an employee at-will, and that, if I am employed, both the Company and I remain free to terminate our relationship at any time and for any reason. I further understand that no representative of the Company has the authority to make any agreement to the contrary, acknowledge that no contrary statements, representations, or promises have been made to me, and am aware that such Company documents as employee handbooks, personnel policies, and the like, do not constitute contracts of employment between me and the Company.

I certify that the information contained in this application is true and I understand that if any of it is found to be false, my application may be rejected or I may be discharged from employment. I grant the Company permission to investigate my personal, educational, and employment history and to contact persons, organizations, institutions, or government agencies who may have knowledge of me.

I acknowledge that I have the right of appeal in the decision of job hiring by writing to the Executive Director who will inform the Policy Council at Monroe County Head Start, 212 West Fourth Street, E Stroudsburg PA 18301.

Signature of Applicant

Date

Applicant's Declaration

1. Have you received Act 33 clearance? (Child line/DPW and State Police or FBI clearance)
Yes _____ No _____ Date received: _____ (attach records)

2. Have you ever been convicted of, or adjudicated delinquent for, any of the following crimes: sexual abuse, sexual assault, sexual exploitation or child pornography, incest, rape, murder, kidnapping, contributing to the delinquency of a minor, felonies involving controlled substances, violent felonies, child abuse or other crimes against children?
Yes _____ No _____ If Yes, explain:

3. Have you any pending charges for the above crimes? Yes _____ No
If Yes, explain:

4. Are you currently under investigation by a law enforcement or social service agency for child abuse, neglect or assault on a child?
Yes _____ No _____ If Yes, explain:

5. Has a finding of confirmed (or suspected) child abuse or neglect ever been made against you by a social services agency as a result of an investigation into alleged acts of child abuse committed by you?
Yes _____ No _____ If Yes, explain:

6. My name has been the same for the last five years. Yes _____ No
If No, identify former names in the last five years:

Signature

Date