



Employment Application

Please answer each of the questions as thoroughly as possible. For employment consideration, application must be completed in entirety, consistent with your background.

Riverbend Head Start and Family Services is an equal opportunity, affirmative action employer. Riverbend Head Start and Family Services is committed to a policy of equal treatment and nondiscrimination toward persons on the basis of race, color, creed, religion, sex, national origin and ancestry, marital status, status with regard to public assistance, physical or mental disability unrelated to ability, sexual orientation, age, veteran status, unfavorable discharge from military service or any other protected characteristics stated in our governing regulations.

****IF APPLYING FOR A TEACHER OR TEACHER ASSISTANT POSITION, WE MUST HAVE A COPY OF YOUR COLLEGE TRANSCRIPTS (official transcripts not required) BEFORE YOUR COMPLETED APPLICATION CAN BE PROCESSED****

NOTE: Asterisks () indicate required fields.*

Personal Information:

*Job Title of Interest: _____

*Legal, First Full Name: _____

*Middle Name: _____

*Last Name: _____

Was work or educational experience obtained under another name? Yes ___ No ___

If yes, please indicate name: _____

*Address: _____

*City: _____ *State: _____ *Zip Code: _____

*Home Phone: _____ *Work Phone: _____

Best time to reach you: _____ E-mail address: _____

*Are you 18 years or older? Yes ___ No ___

*Are you at least 21 years of age or older? Yes ___ No ___

*Are you a U.S. citizen, or can you provide verification of your legal right to work in the U.S.? (Proof of U.S. citizenship or immigration status will be required upon employment.)

Yes ___ No ___

*Which of the following hours are you willing to work?

Full-Time ___ Part-Time ___ Contingent ___ Temporary ___

***Which of the following shifts are you willing to work?**
Any shift ___ Day ___ Afternoon/Evening ___ Weekend ___

***Which days are you available to work?**
Sun. ___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri. ___ Sat. ___

Education:

***Do you have a High School Diploma or GED? Yes ___ No ___**

***If you have education or training beyond High School, please complete the following information:**

1. School/City/State: _____
Years completed: _____
Degree received: _____
Course of study (major/minor): _____

2. School/City/State: _____
Years completed: _____
Degree received: _____
Course of study (major/minor): _____

3. School/City/State: _____
Years completed: _____
Degree received: _____
Course of study (major/minor): _____

Professional Licenses/Certificates:

1. Type: _____
License/Certificate Registration Number: _____
State Issued: _____
Expires: _____

2. Type: _____
License/Certificate Registration Number: _____
State Issued: _____
Expires: _____

Other Skills:

Computer Skills: PC ___ MAC ___ E-Mail ___ Internet ___

Software Skills: Word ___ Excel ___ Access ___ PowerPoint ___ Other ___

Foreign Language Skills: Language(s) _____
Read ___ Write ___ Speak ___

Work History:

***Indicate all work and all military experience below beginning with your CURRENT or MOST RECENT position.**

1. Employer: _____
City: _____ State: _____ Phone: _____
From (mm/yyyy): _____ To (mm/yyyy): _____
Job Title: _____
Average Hours Per Week: _____ Employment Status: _____
Supervisor's Name (first and last) and Title: _____
Duties: _____
Beginning Salary: _____ Ending Salary: _____
May we contact this employer? Yes ___ No ___

2. Employer: _____
City: _____ State: _____ Phone: _____
From (mm/yyyy): _____ To (mm/yyyy): _____
Job Title: _____
Average Hours Per Week: _____ Employment Status: _____
Supervisor's Name (first and last) and Title: _____
Duties: _____
Beginning Salary: _____ Ending Salary: _____
May we contact this employer? Yes ___ No ___

3. Employer: _____
City: _____ State: _____ Phone: _____
From (mm/yyyy): _____ To (mm/yyyy): _____
Job Title: _____
Average Hours Per Week: _____ Employment Status: _____
Supervisor's Name (first and last) and Title: _____
Duties: _____
Beginning Salary: _____ Ending Salary: _____
May we contact this employer? Yes ___ No ___

Additional Information:

Please list if you have any additional paid or unpaid experience that is relevant to this position: _____

Please explain any gaps in employment listed above and/or provide any additional information regarding your above work history: _____

Work-Related & Personal References:

(Do not include family members or relatives. We must have at least one work-related reference and one personal reference)

1. Reference Name (first and last): _____

Employer: _____

E-Mail: (required) _____

Phone: _____ **Relationship:** _____

2. Reference Name (first and last): _____

Employer: _____

E-Mail: (required) _____

Phone: _____ **Relationship:** _____

3. Reference Name (first and last): _____

Employer: _____

E-Mail: (required) _____

Phone: _____ **Relationship:** _____

Related Questions:

***Have you ever been convicted of a felony or gross misdemeanor? Yes ___ No ___**

(note – conviction of a felony or gross misdemeanor will not automatically disqualify a candidate from employment. Applicants are not obligated to disclose sealed or expunged records of conviction or arrest. A thorough background investigation will be conducted on all candidates offered employment, and this information will be used to determine suitability for employment)

If yes, give dates, charge, city and state, type of conviction, sentence or fine. You are not required to disclose any sealed or expunged convictions: _____

***Do you have a valid driver’s license? Yes ___ No ___ State issued:** _____

Driver’s license number: _____

***Have you previously been employed by Riverbend Head Start and Family Services or its affiliates? If yes, indicate location, position held and dates of employment:**

On what date are you available to start work? _____

Please read before signing:

I certify the facts contained in this employment application are true and complete to the best of my knowledge. I understand any false statement, omission or misrepresentation in this employment application is sufficient cause for refusal to hire or dismissal if I have been employed, no matter when discovered by Riverbend Head Start & Family Services.

I understand any employment is contingent on a complete background check, which may include a criminal background check, which will include a criminal background check, post offer health assessment based on the demands of the job for which I am applying, drug screen, and driver's record verification.

I authorize Riverbend Head Start & Family Services to thoroughly investigate all statements contained in my employment application and I authorize by former employers and references to disclose information regarding my former employment without giving me prior notice of such disclosure. In addition, I release Riverbend Head Start and Family Services, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand nothing contained in the employment application or in the granting of an interview or in any policies, procedures or handbooks I might receive is intended to create an employment contract between Riverbend Head Start & Family Services and myself. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and I may be terminated at any time, with or without cause and without prior notice, at my option or the option of Riverbend Head Start & Family Services.

I have carefully read the above employment application and understand that by signing, I agree to and understand the foregoing statements. I also certify that the statements made by me in this employment profile are true, complete and correct to the best of my knowledge and belief.

Name

Date

EEO/AFFIRMATIVE ACTION FORM (Pre-employment/Pre-offer information)

Name: _____ Zip Code: _____
Job Title Applying For: _____ Date: _____

Thank you for your expression of interest in employment with Riverbend Head Start & Family Services. Riverbend Head Start & Family Services is an Equal Opportunity, Affirmative Action employer. The information requested below will be used in accordance with federal regulations regarding Equal Employment Opportunity and Affirmative Action as part of Riverbend Head Start & Family Services' Affirmative Action program. Although submitting the information below is voluntary, by you providing it to us, we will be better able to fulfill our government fair employment reporting requirements. All information will be kept confidential and will not affect your opportunity for employment or terms and conditions of employment if hired. If you decline to provide the information requested below, it will in no way impact your opportunity for employment.

Please check the following box **ONLY** if you do not want to answer the EEO questions below.

I decline to provide the information below. _____

What primary racial or ethnic category do you consider yourself to be a member? Check only one:

- Hispanic or Latino:** a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White (Not Hispanic or Latino):** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino):** a person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino):** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino):** a person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino):** all persons who identify with more than one of the above five races.

What is your sex/gender?

Male Female

How did you learn about the position for which you are applying?

- | | |
|--|---|
| <input type="checkbox"/> Company web site | <input type="checkbox"/> Internal database search |
| <input type="checkbox"/> External database search | <input type="checkbox"/> State job service |
| <input type="checkbox"/> Employment agency/search firm | <input type="checkbox"/> Temporary agency |
| <input type="checkbox"/> Friend or relative | <input type="checkbox"/> Community/Civic organization |
| <input type="checkbox"/> Educational institution | <input type="checkbox"/> Professional or business assn. |
| <input type="checkbox"/> Newspaper or employment ad | <input type="checkbox"/> Job or career fair |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Employee referral | <input type="checkbox"/> Internet placement service |

Please return this form, along with your employment application to: Riverbend Head Start & Family Services, Attn.: HR, 550 Landmarks Blvd., 62002. Or you may fax it to 618-463-5915.

AN EQUAL OPPORTUNITY EMPLOYER

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