



Bradford-Tioga Head Start, Inc



5 Riverside Plaza, Blossburg, PA 16912
(570)638-1400 (570)638-1425 Fax

www.bradfordtiogahs.org

Employment Application

PERSONAL INFORMATION				
Name	Last		First	Middle
	Previous Names			
Current Address	Street			
	City	State	Zip Code	Years at address
Telephone Number	Home		Work	Cell
	Are you 18 or older?	Yes No	Email:	
Are you a U.S. citizen, lawful permanent resident or otherwise authorized to work in the U.S. without restriction? Yes No You must provide proof of identification and employment eligibility upon hire in accordance with the Immigration Reform and Control Act.				
TYPE OF EMPLOYMENT DESIRED				
Position(s) applying for (list all)				
Hours	Full Time		Desired Salary \$	Date Available
	Part Time			
EDUCATION AND LICENSURE				
Dates requested in this section will be used only to verify the accuracy of education and licensure information.				
Type of School	School Name	Location (City/State)	Degree	Year Attended
High School/GED				
College				
Technical				
Other				
Certifications	Type	State	Date	Current
	1			
	2			
	3			
SKILLS				
Computer Skills List technology, software, office equipment and other skills and/or training that you consider relevant to employment.				
TRANSPORTATION				
Do you possess a legal and current driver's license? Yes No				
Do you have a clean driving record? Yes No If no, explain:				
Name of				
Do you have vehicle insurance? Yes No Insurance Carrier:				

REFERENCES

List at least three persons, other than relatives or friends, who have knowledge of your work experience and/or education.

Name	Title	Organization	Contact Information: Telephone/E-mail Address	Years Known

EXPERIENCE

Are you currently employed? Yes No

If yes, please provide name and address of your current employer?

May we contact your current employer? Yes No

Have you ever served in the Armed Forces of the United States? Yes No

If yes, state: Branch Date Entered Date Discharged

Rank or Rate: Service schools or special experience:

Have you ever been fired, involuntarily terminated or asked to resign from a job? Yes No

If yes, please explain:

Is there any reason you may not be able to work on a regular basis or report to work on time? Yes No

Have you ever been convicted of an offense involving the neglect or abuse of anyone? Yes No

Are you currently under investigation regarding neglect or abuse of anyone? Yes No

Are you currently excluded from participation in any federal or state funded programs and are you aware of any potential exclusion from a federally or state funded program? Yes No

If yes provide details.

STARTING WITH PRESENT OR MOST RECENT, LIST ALL PREVIOUS EMPLOYERS

Employer Name:	Job Title:	May we contact this employer? Yes No	Reason for Leaving
Employment Dates Start: End:	Supervisor Name:	Contact/Telephone Number/E-mail:	
Street Address, City, State, Zip Code:			
Responsibilities:			
Employer Name:	Job Title:	May we contact this employer? Yes No	Reason for Leaving
Employment Dates Start: End:	Supervisor Name:	Contact/Telephone Number/E-mail:	
Street Address, City, State, Zip Code:			
Responsibilities:			
Employer Name:	Job Title:	May we contact this employer? Yes No	Reason for Leaving
Employment Dates Start: End:	Supervisor Name:	Contact/Telephone Number/Email:	
Street Address, City, State, Zip Code:			
Responsibilities:			

How did you find out about this job opportunity?

Facebook Website Newspaper Word of Mouth Other _____

Complete this section only if you have ever been convicted of a felony or misdemeanor

List every felony or misdemeanor conviction with the date and jurisdiction. Do not include convictions for summary offenses. It is your responsibility to ensure that all convictions are properly reported. Conviction of a crime is not an automatic bar to employment. If you have any questions as to whether a conviction should be listed, please obtain clarification from Human Resources prior to submitting this application.

Please review and acknowledge that you understand the following when making application for employment

*I acknowledge that it is the policy of Bradford-Tioga Head Start Inc. to provide equal opportunity to persons regardless of race, religion, age, gender, disability or other classifications in accordance with federal, state and local statute, regulations and ordinances.

*I have provided true and complete information on this application. I understand that if employed, false statements and/or information on this application will be considered grounds for dismissal.

*I hereby give Bradford-Tioga Head Start Inc. permission to contact previous employers (unless otherwise indicated), references, schools, and others. I further authorize Bradford-Tioga Head Start Inc. to obtain a copy of my driving record if applicable for the position and as necessary during employment. I hereby release Bradford-Tioga Head Start Inc. from any liability as a result of such contacts, inquires or records in order to ascertain my qualifications and fitness for employment.

*I understand that this application is only valid for the position applied for at present and that Bradford Tioga Head Start Inc. is not obligated to consider this application for future openings.

*I consent and acknowledge that I will undergo a medical examination including a drug screening as part of the employment process for the presence of illegal drugs. This testing is a condition of employment. If I have a confirmed positive test result, I will be denied employment. I understand that the use of illegal drugs and/or abuse of controlled substances is prohibited during employment.

*I have been advised, as a condition of employment, that in accordance with Section 648(g)(3) of the Head Start Act, 42 U.S.C 984(g)(3), Bradford-Tioga Head Start Inc. will obtain before employment, the results from at least one of the following clearances: a State criminal record check which covers all jurisdictions where the grantee provides Head Start services to children; or a Federal criminal record check which covers all jurisdictions where the grantee provides Head Start services to children; or another criminal record check as provided by Section 648(g)(3)(A)-(C).

*Additionally, I give permission for Bradford-Tioga Head Start Inc. to check the Office of Inspector General Exclusion Lists as Excluded Parties Lists at time of employment as necessary during employment. These regulations may prohibit the employment of persons convicted of certain crimes.

*I understand and agree that this employment application, the granting of an interview and/or Bradford-Tioga Head Start Inc. policies, does not create or give rise to a contract for employment and if hired, employment is at will. I understand that if I am offered employment by the organization, my employment will be for no definite term and that both the organization and I have the right to terminate the employment relationship with or without cause and with or without notice.

*I understand that regardless of my work schedule, I may be asked to work different shifts. A refusal to do such may result in my dismissal. My position with Bradford-Tioga Head Start Inc. is my primary job. Schedule of conflicts or continued unavailability to work may lead to discipline including termination.

I have read, understand and agree with the conditions of employment.

Yes

Applicant's Signature

Date