

# Application for Employment

Head Start of Eastern Orange County, Inc.  
49 Gidney Avenue  
Newburgh, New York 12550

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

Position Applied for		Today's Date	
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Name			
Residence Address			
Mailing Address			
Telephone #		Email	

Emergency Contact: Name & Phone	
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Please answer the following:	Yes	No		Yes	No
If you are under 18 years of age can you provide required proof of eligibility to work?			Are you currently employed?		
Have you ever filed an application with us before?			May we contact your present employer?		
Have you ever been employed with us before?			On what date would you be available for work?		
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?			Can you travel if a job requires it?		
<b>Proof of citizenship or immigration status will be required upon employment</b>			Do you have a driver's license?		
Are you currently on "lay-off" status from a job and subject to recall?					

**Education**

Name / Address of School	Course of Study	Type of Diploma / Degree	Date Received
High School / GED			
College			
Graduate Study			
Other ie: Certificate Program			

**Do you speak, read or write another language? If so, please check all that apply.**

Language	Speaking Ability		Reading Ability		Writing Ability	
	<input type="checkbox"/>	Fluent	<input type="checkbox"/>	Fluent	<input type="checkbox"/>	Fluent
	<input type="checkbox"/>	Good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Good
	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Fair

Describe any specialized training, apprenticeship, skills and extra-curricular activities	Other Qualifications - Summarize special job-related skills and qualifications acquired from employment or other experience

## Employment Experience

Start with your present or last job. Include any job related military service assignments and volunteer activities. If you need additional space continue on a separate sheet of paper.

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

Employer		Dates Employed		Work Performed / Duties
		From	To	
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		Starting	Final	
Job Title	Telephone #			
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Reason for Leaving		
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The following activities (physical requirements) may be required in the performance of the job you are applying for. You must indicate Yes or No for all activities.

Activity (Physical Requirement)	Yes	No	Activity (Physical Requirement)	Yes	No
Quick, stable mental ability because mental abilities affect physical abilities. Must be able to stay awake and alert throughout the day.			Able to hear children at both active and passive times and be able to discriminate sound differences ie: child crying, moaning, wheezing, etc.		
The ability to react positively to stress			Able to smell odors: gas, smoke, child needing changing, etc		
Able to lift 40 - 50 lbs without hurting self			Must be able to manage and care for a child who has had a bathroom accident or who has vomited		
Able to push / pull 100 lbs			If needed, must be able to sweep or mop floors & bathrooms		
Able to bend over and tie shoes and pick up small objects. (Fine Motor Skills)			Must have physical & tuberculin test bi-annually. Must have other physician approval to return to work if necessary		
Agile enough to participate in all children's activities			Must dress so that one can perform these duties		
Able to sit on floor and get up often			Must practice good hygiene daily		
Able to take walks around city blocks escorting children			Able to inform supervisor about all medications being taken		
Able to see a child across the farthest point in the classroom or on the playground			Must have the ability to exercise with children, including frequent bending, stooping and crawling		

If you are unable to perform these activities, please explain:

### References

This section must be completed and will be verified. One reference must be your current or most recent employer. Do not include persons related to you. Provide three references.

Name	Address	Relationship	Daytime Phone	Years Acquainted

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**How did you learn about us? (Please check one)**

- Advertisement     
  Friend     
  Walk-in     
  Employment Agency  
 Dept. of Social Services/Career Center     
  Relative     
  Other \_\_\_\_\_

**Applicant Statement**

I certify that the answers and information given on this application are true and complete to the best of my knowledge.

I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application will be considered active for a period of six months.

I understand and acknowledge that, unless otherwise defined by law, any employment relationship with this organization is of an "at will" nature, which means the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. This does not negate the Employee right to grieve any employment decision, nor negate the role of Policy Council in Personnel decision making. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer. This includes full compliance with all agency declarations including Confidentiality, Code of Conduct, Crime Statement, and the Drug Free Workplace Act of 1988.

I understand I will be required to be fingerprinted, which are submitted to NYS Office of Children and Family Services for a criminal background check. NYS Office of Children and Family Services has the right to have this program deny employment to an individual based on their findings. This information is confidential and not shared with Head Start.

I further understand, I have a responsibility to read and understand all agency Policies and Procedures and that I will be given the opportunity to have any questions answered or clarified so that I may fully comply with all rules and regulations.

By signing, I acknowledge I have read and understand the above **Applicant's Statement**.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date