AN EQUAL OPPORTUNITY EMPLOYER

Application for Employment

Mt. Community Action Program Head Start P.O. Box 1008-602 South Iron Street Marion, VA 24354 (276) 783-3622

PLEASE PRINT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Executive Director.

Position(s) applied for	D	ate of application	
Referral Source Advertisement Er	mployee Relative	e Governm	ent Employment Agency
Walk-ins Private Employmen	nt Agency	Other	
Name of source (if applicable)			
Name			
Last	First		Middle
AddressStreet	City	State	Zip Code
Telephone # _() Mobile/Beep	per/Other Phone # ()	E-mail Address	
If necessary, best time to call you at home is .			· · · · · · · · · · · · · · · · · · ·
May we contact you at work?		Yes	No
•			
If yes, work number and best time to call			
Are you at least 21 years of age:		Ye	es No
If no, please explain			
Have you submitted an application here befo	re?		'es No
If yes, give date(s) and position(s)			
Have you ever been employed here before?		Y	es No
If yes, give dates	From		To
Are you legally eligible for employment in this	s country?	<u></u> -	_ Yes No
Date available for work//	What is your desired s	alary range:	\$
Type of employment desired: Full-time	Part-time Ten	nporarySeason	alEducational Co-op
Will you relocate if job requires it? Y	es No Will you t	ravel if job requires it	? Yes No
Are you able to meet the attendance requiren	nents of the position?		Yes No
Will you work overtime if required?		Y	es No
If no, please explain:			
Have you ever been bonded?		Yes	No
Have you ever pled "guilty" or "no contest" to If yes, please provide date(s) and details			

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AND AUTOMATIC BAR TO EMPLOYMENTS. FACTORS SUCH AS DATE OF THE OFFENSE AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

Driver's license number if driving is an essential job function ______ State _____

EMPLOYMENT HISTORY

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary?. Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK	
	()	FROM	то	PERFORMED AND JOB RESPONSIBILITIES	
ADDRESS					
STARTING JOB TITLE/FINAL JOB TITLE		HOURLY R	RATE/SALARY		
		STARTING			
IMMEDIATE SUPERVISOR AND TITLE		\$	PER		
REASON FOR LEAVING		HOURLY R	RATE/SALARY		
		FINAL			
MAY WE CONTACT FOR REFERENCE?YESNO	LATER	\$	PER		
EMPLOYER	TELEPHONE	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK	
	()	FROM	то	PERFORMED AND JOB RESPONSIBILITIES	
ADDRESS					
STARTING JOB TITLE/FINAL JOB TITLE		HOURLY R	RATE/SALARY		
	STARTING		ARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER		
REASON FOR LEAVING		HOURLY R	RATE/SALARY		
		FINAL			
MAY WE CONTACT FOR REFERENCE?YESNO	LATER	\$	PER		
EMPLOYERNO	TELEPHONE	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK	
	()	FROM	то	PERFORMED AND JOB RESPONSIBILITIES	
ADDRESS					
STARTING JOB TITLE/FINAL JOB TITLE		HOURLY RATE/SALARY			
			ARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER		
REASON FOR LEAVING		HOURLY R	RATE/SALARY		
		F	INAL		
MAY WE CONTACT FOR REFERENCE?YESNO	LATER	\$	PER		
EMPLOYER	TELEPHONE	DATES	EMPLOYED	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB	
	()	FROM	то	RESPONSIBILITIES	
ADDRESS					
STARTING JOB TITLE/FINAL JOB TITLE		HOURLY R	RATE/SALARY		
		STARTING			
		STA	ARTING		
IMMEDIATE SUPERVISOR AND TITLE		STA	ARTING PER		
IMMEDIATE SUPERVISOR AND TITLE REASON FOR LEAVING		\$			
		\$ HOURLY R	PER		
	LATER	\$ HOURLY R	PER RATE/SALARY		

Comments Including Explanation of any C	Gaps in Employment:							
SKILLS AND QUALIFICATIONS: Summari in the position for which you are applying					ble to perform job-r	related functions		
	EDUCATIONAL BA	CKGROUN	D (if	job related)				
A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. Major field of study. F. Minor field of study (if applicable).								
A. SCHOOL	B. NUMBER OF YEARS COMPLETED	C. DEGREE OF DIPLOMA		D. GPA OR CLASS RANK	E. MAJOR	F. MINOR		
	RE	FERENCES	<u> </u>					
List name and telephone number of three three (3) school or personal references when the control of the control		who are NOT rel	ated to y	you and are NOT previo	us supervisors. If n	ot applicable, list		
N	AME			TELEPHON	IE	NO. OF YRS KNOWN		
			()				
		()					
			()				
	ADDITION	IAL INFOR	MATI	ON				
List professional, trade, business, or civic citizenship, age, mental or physical disabil					e, color, religion, se	x, national origin,		
ORGANIZATION			OFFICES HELD					
ONGANIZATION								
List special accomplishments, publications mental or physical disabilities, veteran/res					x, national origin, ci	tizenship, age,		
						_		

ist any additional information you would like us to consider:
APPLICANT STATEMENT
certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.
understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from the employer's service, whenever it is discovered.
expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions, and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me.
understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable ocal, state or federal law.
understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.
If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.
also understand that if I am hire, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.
DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.
certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.
Signature of Applicant Date Date