

 **Head Start**

MISSION

**“People Helping People”**

VISION & GOALS

In harmony with the mission of  
Ashtabula County Community Action Agency (A.C.C.A.A.)  
**"EMPOWERMENT & QUALITY OF LIFE"**  
and in harmony with all Head Start, and other related early childhood  
service legislation, we will address assessed community needs  
focused on eligible families with young children,  
affirming that:

With **RESPECT**, we seek individualized partnership with parents who invite us to support their involvement and caring decisions in the growth, development, and transitions of young children as they reach toward their highest potential in the home and in the community.

With **INTEGRITY**, we cooperate, coordinate and collaborate with community resources as advocates to families as they explore choices and make decisions in their efforts to be self-sufficient, self-health seeking and lifelong learners along with their children who are our most valued resource.

With **EQUITY**, we engage in home and community needs based services, honor diversity and celebrate the empowerment of families, as they seek to meet their own needs, identify their own giftedness and nurture their own dreams. We support this process by modeling and managing our own people-building skills and systems internally and externally in the community.

With **COMMITMENT**, we strive for excellence in developmentally appropriate services, continuous improvement and measurable results within the family of service teams. We boldly encourage each other to actively participate and embrace change as we face daily challenges and enjoy the success of people helping people.

**Ashtabula County Community Action Agency**  
**APPLICATION FOR EMPLOYMENT**

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Applicants may request reasonable accommodation in the application/interview process.

**PLEASE PRINT**

NAME: _____	
ADDRESS: _____	
TELEPHONE: _____	Are you 21 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
APPLICATION DATE: _____	
ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**PERSONAL DATA**

Position(s) desired: \_\_\_\_\_ Full-time  Part-time

Date available to start: \_\_\_\_\_ Salary desired: \_\_\_\_\_

How did you hear about this job? \_\_\_\_\_

Have you previously applied for a job with the ACCAA?  Yes  No When? \_\_\_\_\_

Have you ever been employed by the ACCAA?  Yes  No When? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Are you related to anyone employed by the ACCAA?  Yes  No

If yes, state name and relationship: \_\_\_\_\_

Are you a Head Start Parent?  Yes  No

Do you have any time commitments that might interfere with your employment? (e.g., subject to recall, military, school)  Yes  No

If yes, please explain: \_\_\_\_\_

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Are you able to perform the essential functions of the job(s) for which you are applying with or without reasonable accommodation?  
(Should there be a question, please refer to the job description.)  Yes  No

If no, please explain: \_\_\_\_\_

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Have you ever been dismissed from or asked to resign from any employment position?  Yes  No

If yes, please explain: \_\_\_\_\_

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Have you ever been convicted of a crime (felony or misdemeanor) other than a minor traffic violation?  Yes  No

If yes, please explain: \_\_\_\_\_

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NOTE: A conviction will not necessarily be a bar to employment. Factors such as date, nature and number of offenses, age at the time of offense and rehabilitation will be considered.

- Do you have a valid Ohio driver's license?  Yes  No
- Do you have a valid Ohio commercial driver's license?  Yes  No
- Have you been arrested for any traffic-related incidents?  Yes  No
- Has your driver's license been suspended or revoked with the last three (3) years?  Yes  No
- Have you had your auto insurance rejected, cancelled, or been in a high-risk insurance program?  Yes  No
- Have you been involved in any accident, either at fault or not at fault?  Yes  No
- Have you had any traffic violations in the past three (3) years?  Yes  No

If yes, please list:

**OFFENSE**

**APPROXIMATE DATE/YEAR**

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If employed, why do you wish to leave your present employer?

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May we contact your present employer for a reference?  Yes  No

Employer's name and address (if not included elsewhere in this application): \_\_\_\_\_

Describe briefly the type of work that you are best qualified to do by reason of background, education, previous employment or training, and tell why you feel qualified for the position(s) for which you are applying:

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**EDUCATIONAL DATA**

NAME OF SCHOOL OR COLLEGE	LOCATION CITY, STATE, ZIP	MAJOR SUBJECT/ DEGREE	SCHOLASTIC AVERAGE	DID YOU GRADUATE?
High School:				
College Or University:				
Other Schools Attended:				
Other (Courses, Special Training, Etc.):				

Honors received:

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## EMPLOYMENT DATA

List all previous employment for the last ten (10) years in chronological order – last position or current employer first – including U.S. Military, if applicable. Attach additional pages if needed and resume if desired.

Employer:		Telephone:
Address:		Final Salary:
Dates Employed From:                      To:	Positions held:	Supervisor:
Reason for Leaving:		

Employer:		Telephone:
Address:		Final Salary:
Dates Employed From:                      To:	Positions held:	Supervisor:
Reason for Leaving:		

Employer:		Telephone:
Address:		Final Salary:
Dates Employed From:                      To:	Positions held:	Supervisor:
Reason for Leaving:		

## PERSONAL REFERENCES OTHER THAN RELATIVES AND FORMER EMPLOYERS

NAME	ADDRESS AND TELEPHONE	OCCUPATION
1.		
2.		
3.		

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Applicants for employment with the ACCAA are evaluated and selected on the basis of individual merit and ability with respect to the position being filled. Applicants are selected and hired without consideration of race, color, religion, sex, age, national origin, political affiliation, sexual orientation, disability or ancestry.

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**CERTIFICATION**

**I certify that all information contained in this application is true, complete and correct to the best of my knowledge. I understand that any material omission, misrepresentation or falsification of this information is grounds for dismissal from or refusal of employment. I hereby authorize the investigation of all statements contained in this application and give permission to contact all or any of my previous employers, references and/or schools for information unless otherwise noted in this document, including permission to obtain information related to my prior work history. I also give my consent to contact the Bureau of Motor Vehicles for a Moving Vehicle Violation Report if such information is required to perform the duties of the position. I agree to submit to a post-offer, pre-employment medical examination at the ACCAA's expense, which might include drug/alcohol test. I understand that my employment is contingent upon successful completion of the post-offer medical exam and passing the drug/alcohol test, if applicable. I also agree to submit to reasonable suspicion drug tests, according to ACCAA policy, as a condition of continuing employment. I indemnify and hold harmless all persons either providing or receiving information, verbal or written, pursuant to this application.**

**I agree that any claim or lawsuit relating to my service with ACCAA or any of its subsidiaries must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.**

**If you are hired, this employment application will become part of your official employment record.**

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APPLICANT'S SIGNATURE

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DATE

**Ashtabula County Community Action Agency**  
2009 West Prospect Road  
Ashtabula, Ohio 44005-2610  
(440) 997-1721  
Fax (440) 992-3319