

 **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.

APPLICATION FOR EMPLOYMENT

(Pre-employment Questionnaire) (An Equal Opportunity Employer)

PERSONAL INFORMATION	DATE
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NAME	SOCIAL SECURITY NO.
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LAST	FIRST	MIDDLE
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PRESENT ADDRESS	STREET	CITY	STATE	ZIP
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PERMANENT ADDRESS	STREET	CITY	STATE	ZIP
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PHONE NO.	ARE YOU 18 YEARS OR OLDER?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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ARE YOU EITHER A U.S. CITIZEN OR ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? Yes No

SPECIAL QUESTIONS

Do not answer any of the questions in this framed area unless the employer has checked a box preceding a question. Thereby indicating that the information is required for a bona fide occupational qualification, or dictated by national security laws, or is needed for other legally permissible reasons.

Are you a current/former Head Start Parent? Yes _____ No _____

What Foreign Languages do you speak fluently? _____ Read _____ Write _____

Have you been convicted of a felony or misdemeanor within the last 5 years? Yes _____ No _____
Describe _____

I understand and agree that I may be required to take one or more physical examination; (lie detector tests), as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the company and to release the company, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s). Yes _____ No _____

* The Age Discrimination in Employment Act of 1957 prohibits discrimination on the basis of age with respect to individuals who are least 40 but less than 70 years of age.

** You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

EMPLOYMENT DESIRED		
Position	Date you can start	Salary desired

Are you employed now?	If so, may we inquire of your present employer?
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Ever applied to this company before?	Where?	When?
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EDUCATION	Name and location of school	No. of yrs. Attended	Did you Graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

GENERAL

Subjects of Special Study or Research Work

U.S. Military or
Naval Service

Rank

Present Membership in
National Guard or Reserves

FORMER EMPLOYERS (List below last three employers with last one first)

DATE	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
From _____ To _____				
From _____ To _____				
From _____ To _____				

REFERENCES: Give the names of three persons not related to you, whom you have known at least one year.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

PHYSICAL RECORD:

Do you have any physical limitations that preclude you from performing any work for which you are being considered:

YES NO

If yes, what can be done to accommodate your limitation? _____

Please Describe

In case of emergency notify:

Name

Address

Phone Number

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. And release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice."

Date

Signature

DO NOT WRITE BELOW THIS LINE

Interviewed By

Date

Hired YES NO

Position

Dept.

Salary/Wage

Date reporting to work

Approved by:

Employment Manager

Dept. Head

General Manager