

APPLICATION FOR EMPLOYMENT

**Fayette County Child Development, Inc.
102 Hunter Street, Oak Hill, WV 25901-2004
304-465-5613**

Position Applied For:

(Please print in ink or type)

- 1. Name _____ Social Security Number _____
- 2. Present Address _____
City _____ State _____ Zip _____
- 3. Length of time at present address _____ Phone _____ (Own)____ (Neighbor)____
- 4. Last two previous addresses. (Do not include present address). Place most recent address first and work back.

<u>STREET NUMBER</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP CODE</u>	<u>HOW LONG?</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- 5. Have you ever been convicted of a felony? Yes _____ No _____
- 6. Are you a citizen of the U.S.? Yes _____ No _____
- 7. Are you under 18? Yes _____ No _____ Are you over 65? Yes _____ No _____
- 8. Do you have any limiting physical handicap? Yes _____ No _____ If yes, describe: _____

- 9. Have you had any serious illness or injury within the past five (5) years? Yes _____ No _____ If yes, describe: _____

- 10. Date available for employment _____
- 11. Do you have a valid West Virginia driver's license? _____ Chauffeur's License? _____
- 12. Do you have a car at your disposal? Yes _____ No _____
- 13. Are you willing to travel for training purposes which may involve overnight travel away from home? Yes ___ No ___
- 14. Are you able to give a written or oral report to a group? Yes _____ No _____
- 15. What are your feelings toward working with families of different races? _____

16. What are your feelings toward working with low income families?

17. How do you feel toward working with families after hours, if needed?

EDUCATION

18. Circle the highest grade completed: 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 Above

A. Name of High School and Location: _____

B. General Equivalency Diploma (GED)? Yes _____ No _____

<u>Name of School</u>	<u>Address</u>	<u>Number of Credits or Degree Received</u>	<u>Major/Minor</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

19. List other special skills, training or knowledge:

20. Military Service:

Were you ever in the U.S. Armed Forces? Yes _____ No _____, if yes, give branch, date and enlistment and discharge and duties performed.

What is your present Selective Service Classification? _____

21. References: (Please include 2 Personal & 1 Business refence. Do not use relatives)

<u>Name and Occupation</u>	<u>Personal/ Business (Please Circle one)</u>	<u>City, State</u>	<u>Phone Number</u>
A. _____	<u>Personal/Business</u>	_____	_____
B. _____	<u>Personal/Business</u>	_____	_____
C. _____	<u>Personal/Business</u>	_____	_____
D. _____	<u>Personal/Business</u>	_____	_____

I hereby certify that there is no willful misrepresentation in or falsification of statements and answers to questions. I am aware that should investigation disclose such misrepresentations or falsifications, my application will be rejected.

Signature: _____

I also authorize my former employers to give information regarding my previous employment with them. I hereby release them and their company for any damage whatsoever for issuing the same.

Date: _____

Signature: _____

Fayette County Child Development, Incorporated, is an Equal Opportunity Employer. If you feel you have been discriminated against in employment on the basis of race, color, creed, sex, age or national origin, please report it to the Equal Opportunity Officer or the Chairperson of F.C.C.D.I. Board of Directors.

For Office Use Only

**Sample Declaration Form for Prospective Employees
In Head Start Programs**

For use by Head Start Agencies to comply with 45 CFR Part 1301, Subpart D, Head Start Grants Administration, Personnel Policies, Section 1301.31(c) and (d).

Name of Prospective Employee: _____

Federal policies now require that Head Start agencies require all prospective employees to sign a declaration prior to employment which lists:

- (1) All pending and prior criminal arrests and charges related to child sexual abuse and their disposition;
- (2) Convictions related to other forms of child abuse and/or neglect; and
- (3) All convictions of violent felonies.

The declarations may exclude:

- Any offense, other than any offense related to child abuse and/or child sexual abuse or violent felonies committed before the prospective employee's 18th birthday, which was finally adjudicated in a juvenile court or under a youth offender law;
- Any conviction for which the record has been expunged under Federal or State law; and
- Any conviction set aside under the Federal Youth Corrections Act or similar State authority.

Note that individuals who declare, through this form, that they have been arrested, charged with or convicted of any of the offenses listed above are not automatically disqualified from being hired. Head Start agencies must review each case to assess the relevance of an arrest, charge or conviction to a hiring decision.

Please provide your signature on the appropriate category below:

I **have not been** arrested, charged and/or convicted on one or more of the three types of offenses listed above.

SIGNATURE

DATE

OR

I **have been** arrested, charged, and/or convicted on one or more of the three types of offenses listed above.

If so, please attach information listing the offense(s), the date(s) of the arrest(s), charge(s), and/or conviction(s), and other relevant information.

SIGNATURE

DATE

IMPORTANT: Each Head Start Agency must take necessary steps to assure the confidentiality of this form.

If former employers are out of business, so state it. If you were in business for yourself, give nature of business and location. Be accurate! All of your time for the last ten years must be accounted for.

COMPANY NAME AND ADDRESS	FROM	TO	TOTAL TIME IN MONTHS	SALARY OR WAGES	YOUR POSITION AND NATURE OF DUTIES	REASON FOR LEAVING
Last or Present Employer: Name _____ Address _____	MONTH YEAR	MONTH YEAR				
Last or Present Employer: Name _____ Address _____	MONTH YEAR	MONTH YEAR				
Last or Present Employer: Name _____ Address _____	MONTH YEAR	MONTH YEAR				
Last or Present Employer: Name _____ Address _____	MONTH YEAR	MONTH YEAR				
Last or Present Employer: Name _____ Address _____	MONTH YEAR	MONTH YEAR				