



EASTERN OREGON HEAD START

Eastern Oregon University • One University Boulevard • La Grande, OR 97850 • 541-962-3409

EMPLOYMENT APPLICATION

You must complete all 4 pages of this application, even if you will be attaching a resume'.
(Separate application for each position is required – photocopies of completed applications are acceptable.)

PERSONAL DATA

Full Legal Name: _____

Address: _____ Apartment #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

POSITION YOU ARE APPLYING FOR: _____

- Have you ever been employed by Eastern Oregon Head Start? _____ date Yes No
- Date available to begin employment: _____
- Are you related to a current Eastern Oregon Head Start Board or Council member? Yes No
- Are you related to a current Eastern Oregon Head Start employee? Yes No
- If yes, provide name of relative: _____
- Are you a current Eastern Oregon Head Start parent? Yes No
- How did you hear about the position? Newspaper Word of Mouth Website
- Are you interested in Full Time Part Time Either Full or Part Time On Call

SPECIAL SKILLS and CERTIFICATIONS

Foreign Language: _____

Foreign Language Proficiency Level:
Beginning Intermediate Advanced

CPR/FIRST AID Certification Yes No

Oregon Food Handler's Card Yes No

Oregon Child Care Division
Criminal History Registry Yes No

COMPUTER SKILLS

Software/Program Knowledge

Email (Circle Level) Beginning
 Intermediate
 Advanced

Internet (Circle Level) Beginning
 Intermediate
 Advanced

Other: _____

EDUCATION

Do you have a high school diploma or GED certificate? Yes No

Circle the highest year completed in school: 12 13 14 15 16 17 18

List Colleges, Nursing, Military, Trades, Business or other schools attended. List enough education to meet the requirements of the job. Transcripts and/or diplomas may be required for some positions.

Name and Location of School	Course of Study	Credits Earned	Dates Attended	Graduated	Degree

Name and Address of Employer:		Supervisor's Name and Telephone:	
Your Title:		Your Duties:	
From: Mo. & Yr.	To: Mo. & Yr.		
Months in Position: _____			
Hours Per Week: _____	Monthly Pay: Begin:	End:	Reason for Leaving:

Name and Address of Employer:		Supervisor's Name and Telephone:	
Your Title:		Your Duties:	
From: Mo. & Yr.	To: Mo. & Yr.		
Months in Position: _____			
Hours Per Week: _____	Monthly Pay: Begin:	End:	Reason for Leaving:

Name and Address of Employer:		Supervisor's Name and Telephone:	
Your Title:		Your Duties:	
From: Mo. & Yr.	To: Mo. & Yr.		
Months in Position: _____			
Hours Per Week: _____	Monthly Pay: Begin:	End:	Reason for Leaving:

Name and Address of Employer:		Supervisor's Name and Telephone:	
Your Title:		Your Duties:	
From: Mo. & Yr.	To: Mo. & Yr.		
Months in Position: _____			
Hours Per Week: _____	Monthly Pay: Begin:	End:	Reason for Leaving:

PERSONAL REFERENCES

Please list at least three references other than family members or domestic partners who have first-hand knowledge of your ability, character, and personality. Complete this section even if you are including a resume'.

Name	Relationship	Telephone Number

VOLUNTEER EXPERIENCE and COMMUNITY ACTIVITIES

Name and Address of Organization:		Supervisor's Name and Telephone:
Your Title:	Your Duties:	
From: Mo. & Yr.	To: Mo. & Yr.	

Name and Address of Organization:		Supervisor's Name and Telephone:
Your Title:	Your Duties:	
From: Mo. & Yr.	To: Mo. & Yr.	

OTHER INFORMATION

Have you ever pled guilty, or no contest to, or been convicted of a misdemeanor felony? Yes No
 If yes, please give the date(s) and details: _____

Have you been arrested for any matter for which you are out on bail or on your own recognizance pending trial? Yes No
 If yes, give the date(s) and details: _____

NOTE: Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as age and time of offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic infractions, and convictions for which the record has been sealed or expunged, any convictions for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed, referrals to and participation in any pre-trial or post-trial diversion programs in answering these questions.)

Driving History – Please complete this section if driving/travel relates to the position.
 Driver's License Number: _____ State: _____ Expiration Date: _____

Driving Record (Last 3 years)
 Number of Tickets: _____ Number of Accidents: _____

Do you have liability insurance: Yes No Company Providing Policy: _____

ADDITIONAL INFORMATION – Please explain any experience you have had with Head Start, and any additional information you would like to include in your application.



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Eastern Oregon Head Start is an Affirmative Action/Equal Opportunity Employer.

Equal access to programs, services and employment is available to all persons without regard to race, color, religion, sex, age, national origin, physical or mental disability, marital status, status as a Vietnam veteran or membership in any other group protected by law in accordance with applicable federal, state and local laws. When requested, specific reasonable accommodations will be made for individuals with disabilities throughout the selection process.

I understand that documentation of eligibility for employment in compliance with the U.S. Immigration Control and Reform Act is required at the time of hire.

I understand that employment is subject to successful enrollment on the Oregon Child Care Division Criminal History Registry and may involve fingerprinting, and criminal and child protective services records check as required by ORS 181.537.

I understand that employment with Eastern Oregon Head Start is contingent upon final approval by the Head Start Policy Council.

I understand that any oral or written statement that is false, fraudulent or misleading that is contained in this application or attached materials or made in the course of any related employment process, whether made by me or by other at my request, will result in rejection or my application, denial of employment or dismissal from Eastern Oregon Head Start/Eastern Oregon University if discovered after employment, and/or prosecution for a crime.

Signature of Applicant

Date

I understand that consideration for employment is contingent on the results of a reference and background check. I authorize Eastern Oregon Head Start to investigate the truthfulness of all statements made on this application and to contact my former employers, other listed references or any other persons who can verify information.

I further authorize Eastern Oregon Head Start to discuss the results of any investigation with all parties who are involved in the hiring process. I further authorize all contacted persons and former employers to provide information concerning this application, past work experience, my background and suitability for employment, and I release such persons and former employers from liability for providing such information.

Signature of Applicant

Date

----- *For Office Use Only – Do Not Write Below This Line* -----

Application Received: _____

References Checked: _____

Interview Status: _____

Notification: _____

Affirmative Action Data Sheet

The following information is requested in accordance with Executive Order 11246 and its implementing regulations. It is requested for statistical reporting and to meet federal affirmative action monitoring requirements. It is treated in a highly confidential manner. Provision of the information is strictly voluntary; a decision not to provide this information will not affect consideration of your application. However, we urge your cooperation in this matter and thank you in advance for your assistance.

Ethnic Group* (Mark one category) Hispanic or Latino Not Hispanic or Latino

Race* (Mark one or more categories) American Indian or Alaska Native Asian
 Black or African American Native Hawaiian or Other Pacific Islander White

Sex: Male Female

Citizenship: United States Resident Alien Nonresident Alien

Where did you learn of this position? _____

Name: _____		
Last	First	Middle Initial
Position Applied For: _____		Posting #: _____

If you are a **Qualified Individual With A Disability*** and you need Reasonable Accommodation to participate in the hiring process or in employment if hired for this position, please contact The Office of Affirmative Action (541) 962-3548; Fax (541) 962-3023.

Definitions

- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.
- American Indian/Alaskan Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American:** A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Qualified Individual with a Disability:** An individual with a disability as defined under the Americans with Disabilities Act who satisfies the requisite skill, experience, education and other job-related requirements of the employment position held or desired and is able to perform the essential functions of that position, either with or without reasonable accommodation.