



# 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 or past Head Start parent?  Yes  No
- Are you a past Head Start student?  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  Yes  No

### COMPUTER SKILLS

Software/Program Knowledge  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email (Choose Level)  Beginning  Intermediate  Advanced

Internet (Choose Level)  Beginning  Intermediate  Advanced

Other: \_\_\_\_\_

Criminal History Registry

**EDUCATION**

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

Highest year completed in school:

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:		
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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: \_\_\_\_\_