



Center for
New Communities

EMPLOYMENT APPLICATION

Center for New Communities does not discriminate on the basis of race, color, national origin, age, sex, religion, marital status, veteran status, disability, genetic information, or any other non-job-related characteristic.

Section I: Personal Data

Name (Last, First, Middle)		Telephone ()	Date of Application	
Present Address	Street	City	State	Zip

Email Address _____

Social Security Number	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you provide positive self-identification and proof of eligibility to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Center for New Communities participates in E-Verify)</i>
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Do you have any relatives working here? _____
 Have you ever been convicted of a violation of the law, other than a minor* traffic violation (* a violation such as a parking ticket) Yes No If yes, please explain _____

Section II: Work Preference

Position Desired	Date Available	Expected Salary
Hours Preferred <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temp <input type="checkbox"/> Other	Previously Applied? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", date(s) _____	

List hours are available to work: _____ How did you hear about the opening? _____
 Will you relocate? _____ Willing to travel? _____

Section III: Employment History (List most recent employer first. Account for all time since school, including unemployed periods. Continue on a separate sheet, if necessary.)

Dates employed From To	Employer	Position	Supervisor
Address		Telephone	May we contact?
Duties of position			

Present or last Salary	Reason for Leaving		
Dates employed From To	Employer	Position	Supervisor
Address		Telephone	May we contact?
Duties of position			

Ending Salary	Reason for Leaving
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Name: _____
Last, _____
First _____
Middle _____
Position: _____

Section III: Employment History (continued)

Dates employed From	To	Employer	Position	Supervisor
Address			Telephone	May we contact?

Duties of position

Ending Salary	Reason for Leaving			
Dates employed From	To	Employer	Position	Supervisor
Address			Telephone	May we contact?

Duties of position

Ending Salary	Reason for Leaving			
Dates employed From	To	Employer	Position	Supervisor
Address			Telephone	May we contact?

Duties of position

Ending Salary	Reason for Leaving		
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Section IV: Military Experience

Branch of Service _____ Dates of Service _____ Highest Rank _____

Section V: Education

High School: Name and address	Highest Year Attended (1-12)	Diploma (HS or GED)
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College/Other: Name and address	# Years Completed	Graduated? (y/n)	Degree Type received/expected
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Section VI: Current Licenses/Certifications

Please list those licenses/certifications relevant to the position for which you are applying:

Date Issued	Type	Expiration Date

Section VII: Previous Licenses/Certifications

Has the Texas Department of Family and Protective Services or any other agency ever registered or listed you to care for children?

Yes No

If "yes," when were you registered or listed?

From: _____ To: _____

Address (Street, City, ZIP)	County and State
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If you were registered under another name, what was the name?

Has the Texas Department of Family and Protective Services or any other agency ever licensed you to care for children? Yes No

If "yes," what kind of license did you have?

When were you licensed?

From: _____ To: _____

Name of operation _____

Operation Address (Street, City, State, ZIP)	County
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Section VIII: Skills

Please check those skills that apply:

- Typing WPM _____
- MS Excel
- Database/Programming/Other _____
- Ten-key by touch
- MS PowerPoint
- Scanners/Fax
- MS Word
- Internet
- Outlook Email
- Lotus Notes
- Copier/Photo Reproduction
- Any on-line tools _____
- Projector/Video equipment/Laminating machines _____
- Other computer programs – Kind: _____

In what languages are you fluent in speaking? _____

In what languages are you fluent in writing? _____

In what languages are you fluent in reading? _____

In what languages are you fluent in comprehending? _____

Section VIII: Skills *(continued)*

List any other skills that would be relevant to the position for which you are applying: _____

Section IX: Referral Source & References

Check the most appropriate referral source:

- Employment Agency School TWC Walk-in Friend Advertisement Other

List three personal references, not related to you, who have known you for more than one year:

Name	Address (Street, City, State, Zip Code)	Phone Number	Years Known

Section X: Release Information

I certify that all the information provided by me on this application is true and complete. I understand and agree that any false information, misrepresentation, or concealment of fact is sufficient grounds for my immediate discharge without recourse or refusal of employment of Center For New Communities Early Head Start (C4NC-EHS), regardless of when found.

I understand and agree that all information furnished on this application may be verified by C4NC-EHS or affiliated organizations. I authorize former and present employers, and professional, work, and personal references listed or obtained from the data provided to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

I hereby authorize all individuals and organizations named or to which referred in this application, and any law enforcement organization, to give C4NC-EHS or authorized organization all information relative to my employment, work habits, and character and hereby release such individuals, organizations, and C4NC-EHS from any liability for any claim or damage which may result.

I also understand that any employment is subject to a satisfactory check of references, satisfactory check of credit and criminal background reports, and satisfactory results of a pre-employment physical or professional examination and substance screening. In addition, in compliance with the Immigration Reform and Control Act of 1986 (IRCA), I understand that, if employed, I am required to provide approved I-9 documentation to the C4NC-EHS that verifies my eligibility to work in the United States on the first day of employment.

I understand C4NC-EHS is committed to providing equal opportunity within all employment practices, to include selection, hiring, and compensation to all qualified applicants with regard on the basis of race, creed, color, ethnicity, age, sex, disability, religion, marital status, veteran status, national origin or any other protected classification. In addition, I understand that if I am employed, I will be expected to attend a training session on child abuse (sexual or other) awareness.

And finally, I acknowledge that if I am employed, my employment will be at-will, and may be terminated with or without cause at any time by my employer or me.

I agree to conform to the rules and regulations of C4NC-EHS and my employment and compensation can be modified or terminated with or without cause, and with or without notice, at any time, at the option of either C4NC-EHS, or myself. I understand that no manager or representative of C4NC-EHS, other than the Executive Director, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, either prior to commencement of employment or after I have been employed.

At no time, whether I am an employee or not, will any information be revealed to anyone unless I have been specifically instructed to do so.

Signature _____

Date _____

Section XI: Criminal History Declaration

Federal policies (45 CFR Part 1301, Subpart D) Head Start Grants Administration, Personnel Policies, Section 1301.01 (c) and (d) 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 convictions 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 declaration 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 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 a conviction to a hiring decision by taking into account such factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation.

I further acknowledge that if I am hired, I may be subject to a criminal background report every two (2) years due to industry standards or due to business needs and/or position changes.

Please provide your signature on one of the options that best describes your criminal history below :

Option #1:

I **have not been** convicted on one or more of the three types of offenses listed above.

Signature _____

Date_____

Option #2:

I **have been** 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 conviction, and other relevant information.

Signature _____

Date_____

Section XII: Child Abuse/Neglect

In accordance with the Texas Department of Family and Protective Services, please provide the following information:

Have you ever been investigated for abusing or neglecting a child by any of the following agencies?

- A. Child Protective Services of the Texas Department of Family and Protective Services..... Yes No
- B. County child welfare agency..... Yes No
- C. Law enforcement agency (police, sheriff, etc.)..... Yes No
- D. Child welfare agency in another state..... Yes No
- E. Other (specify)..... Yes No

If “Yes” to any of the above, please answer the following questions:

- 1. What was the child’s name? _____
- 2. How was the child related? _____
- 3. When did this occur? _____
- 4. Where did this occur? _____

Section XIII: Pre-Employment/Employment Criminal/Credit Check Authorization

I authorize Center For New Communities Early Head Start (C4NC-EHS) to conduct a credit investigation and/or criminal investigation as deemed necessary. I understand that these reports would be obtained to use, or expected to be used, or collected in whole or in part for the purpose of serving as a factor in establishing my eligibility for employment or continued employment.

I understand that a credit investigation and/or criminal investigation must be conducted prior to being offered a position with C4NC-EHS and that post-employment investigations may also be required as deemed necessary under C4NC-EHS, state, or federal regulatory guidelines.

In making this application for employment, it is understood that a copy of a consumer report prepared by a consumer reporting agency, also known as a credit report, may be obtained as a part of a routine background check. Information from the report will not be used in violation of any federal or state equal opportunity law or regulation.

Before taking any adverse employment action based on the credit report, including denying employment, C4NC-EHS will provide to me, without charge, a copy of the report plus a written summary of rights under the Fair Credit Reporting Act.

I further understand that in order to complete the pre-employment process I must provide the following information to conduct a criminal investigation, which may include fingerprinting, and by refusing to provide this information or consent to the investigation would disqualify me for employment with C4NC-EHS.

_____ Full Legal Name (print)

_____ Maiden Name (print, if applicable)

_____ Driver's License Number/State

_____ Date of Birth*

List the cities, states and zip codes in which you have lived other than your current residency:
(write-in any additional locations, if necessary):

_____ City, State, Zip Code

_____ City, State, Zip Code

_____ City, State, Zip Code

If the criminal investigation does not meet the guidelines as deemed appropriate for the position by C4NC-EHS, an offer of employment will not be made and I will not hold C4NC-EHS liable for any statements or commitments made during the pre-interview, interview, or post-interview process.

I further understand that should I be hired, and for insurance or C4NC-HS standard requirements, and/or if I am involved, either directly or indirectly, in an accident, injury, or any internal or guest/vendor/student investigation, I may be subject to a criminal and/or credit check during my employment. If any of these reports do not meet the guidelines as deemed appropriate by C4NC-HS, then I understand that I will be subject to immediate termination.

Signing this form constitutes written authorization to seek a consumer credit report from a consumer reporting agency and from any agency and/or organizations responsible for obtaining and lawfully releasing criminal information. Signing this form also constitutes written authorization to have a credit report and/or criminal check conducted at any time during my employment in the event that I am hired.

Signature _____

Date _____

**All positions at C4NC-HC require a criminal investigation prior to hire. The date of birth is required by criminal search applications for positive identifications only and is being obtained for this job-related business necessity.*

Section XIV: Pre-Employment/Employment Drug Screening and/or Health Examine

I understand and acknowledge that any employment is subject to the satisfactory results of a pre-employment drug-screening test. I understand that positive results of the test will result in me not being eligible for employment with Center for New Communities (C4NC-HS). I also understand that C4NC-HS will pay any fee or cost associated with performing the drug-screening test. I further understand that should I fail the drug-screening test, I will not be able to re-apply with C4NC-HS until one year from my last date of application. I further understand that by refusing to undergo a pre-employment drug screening test will disqualify me for employment with C4NC-HS.

I further understand that should I be hired, and for insurance or C4NC-HS requirements, and/or if I am involved, either directly or indirectly, in an accident, injury, or any internal or guest/vendor/student investigation, I may be subject to a drug-screening test or report during my employment. If any of these reports do not meet the guidelines as deemed appropriate by C4NC-HS, then I understand that I will be subject to immediate termination.

Additionally, I understand and acknowledge that any employment is subject to a an initial health examination that includes screening for tuberculosis and a periodic re-examination, if hired, as recommended by your health care provider or as mandated by state or federal health and safety laws. Required health examinations will be reimbursed by C4NC-HS up to \$75, provided the proper documentation is submitted. I further understand that this requirement is to assure that I do not pose a significant risk to the health or safety of others at C4NC-HS that cannot be eliminated or reduced by reasonable accommodation. If any of these reports do not meet the guidelines as deemed appropriate by C4NC-HS, then I understand that I will be ineligible for employment and/or subject to immediate termination.

By signing below, I agree to submit to urinalysis drug/alcohol testing, or breathe analysis alcohol testing, or hair test or any other substance abuse test as requested by the C4NC-HS. I further agree to submit to an initial health examination and periodic re-examinations, if hired. I also give my consent for the laboratory or other facility conducting the testing to release my test results to C4NC-HS. I release the testing facility, C4NC-HS, and its designee from liability arising from the release or use of this information.

Signature _____

Date _____

Section XV: Pre-Employment/Employment Driving History

(To be completed only if applying for a driving related position)

Name _____

Social Security Number _____

Drivers License # _____

State of Issue _____

Type of License _____

Exp. Date _____

List any accidents or moving violations during the past three years. Please list dates and specify nature of accidents or violations.

1. _____

2. _____

3. _____

Has your license ever been denied, revoked, or suspended? Yes No If "Yes", please explain: _____

I certify that all the information provided by me in this Driver Addendum is true and complete, and I understand that any misstatement, falsification, or omission of information is grounds for refusal to hire, or, if hired, termination.

I understand that driving is a responsibility, in whole or in part, for the position for which I am applying, and that my application will be considered only after verifying my insurability to drive a motor vehicle. I also understand that should I be hired, my continued employment may depend on my continuous insurability. If hired, and if driving continues to be or becomes a major part of my responsibilities, and should I become uninsurable, I will be terminated immediately, regardless of when found.

I also authorize Center for New Communities (C4NC-HS) to obtain a Motor Vehicle Report on confirming my insurability before becoming an employee. If driving is an essential part of the position and any records are found, prior to being hired, that would show that I have violations indicating that an insurability review would result in uninsurability, then I will not be eligible for employment, or, if already hired, I will be terminated, regardless of when found. All violations, whether they are on or off the job and regardless of fault, will be considered in an insurability review.

Signature _____

Date _____

Section XVI: Personal History Statement

A. Please check and respond to one of the following essay questions *(use additional sheets as necessary)*:

- What gives you the most satisfaction in your work with children and families?

- Please tell us about a specific time when you were involved in planning with a team to meet the needs of a child, an adult or a family.

- How would you involve father/father figures in Head Start?

Section XVI: Personal History Statement *(continued)*

B. For **Director of Child Day Care Operation** only *(Complete only if you are a director or applying to be a director of an operation.)*

Describe how you comply with the director’s qualifications stated in the standards. Documentation showing how you meet qualifications for a director must be attached, e.g., an original and current FPS child-care director’s certificate, college transcript or original certificates documenting training attended, or C.D.A. credential. Use additional sheets as necessary. All documentation will be returned to you after qualifications are evaluated.

I am or will qualify by Minimum Standard Rules: _____
Indicate rule number

I have enclosed the following documentation:

AFFIDAVIT FOR APPLICANTS FOR EMPLOYMENT WITH A LICENSED OPERATION OR REGISTERED CHILD-CARE HOME

AN APPLICANT FOR TEMPORARY OR PERMANENT EMPLOYMENT with a licensed child-care facility, licensed child-placing agency or registered child-care home whose employment or potential employment with the facility, agency, or home involves direct interaction with or the opportunity to interact and associate with children must execute and submit the following affidavit with the application for employment:

STATE OF _____

COUNTY OF _____

I swear or affirm under penalty of perjury that I do not now and I have not at any time, either as an adult or as a juvenile:

1. Been convicted of;
2. Pleaded guilty to (whether or not resulting in a conviction);
3. Pleaded nolo contendere or no contest to;
4. Admitted;
5. Had any judgment or order rendered against me (whether by default or otherwise);
6. Entered into any settlement of an action or claim of;
7. Had any license, certification, employment, or volunteer position suspended, revoked, terminated, or adversely affected because of;
8. Resigned under threat of termination of employment or volunteerism for;
9. Had a report of child abuse or neglect made and substantiated against me for; or
10. Have any pending criminal charges against me in this or any other jurisdiction for;

Any conduct, matter, or thing (irrespective of formal name thereof) constituting or involving (whether under criminal or civil law of any jurisdiction):

1. Any felony;
2. Rape or other sexual assault;
3. Physical, sexual, emotional abuse and/or neglect of a minor;
4. Incest;
5. Exploitation, including sexual, of a minor;
6. Sexual misconduct with a minor;
7. Molestation of a child;
8. Lewdness or indecent exposure;
9. Lewd and lascivious behavior;
10. Obscene or pornographic literature, photographs, or videos;
11. Assault, battery, or any violent offense involving a minor;
12. Endangerment of a child;
13. Any misdemeanor or other offense classification involving a minor or to which a minor was a witness;
14. Unfitness as a parent or custodian;
15. Removing children from a state or concealing children in violation of a court order;
16. Restrictions or limitations on contact or visitation with children or minors resulting from a court order protecting a child or minor from abuse, neglect, or exploitation; or,
17. Any type of child abduction.

Except the following (list all incidents, locations, description, and date) (if none, write NONE)

The failure or refusal of the applicant to sign or provide the affidavit constitutes good cause for refusal to hire the applicant.

Signed: _____ Date: _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____

Signature of notary officer: _____
(seal, if any, of notarial officer)

My commission expires: _____

notice. The inspection can be done in person if I appear in person and furnish proper identification; I am entitled to a copy of the file for a fee not to exceed the actual costs of duplication. I am entitled to be accompanied by one person of my choosing, who shall furnish reasonable identification. The inspection can also be done via certified mail if I make a written request, with proper identification, for copies to be sent to a specified addressee. I can also request a summary of the information to be provided by telephone if I make a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or directly charged to me. I further understand that the investigative consumer credit reporting agency shall provide trained personnel to explain to me any of the information furnished to me; I shall receive from the investigative consumer reporting agency a written explanation of any coded information contained in files maintained on me. "Proper identification" as used in this paragraph means information generally deemed sufficient to identify a person, including documents such as a valid driver's license, social security account number, military identification card and credit cards.

Massachusetts Applicants only: The specific nature and scope of the investigation involving personal interviews includes: _____ I also understand that before or in the event I am denied employment based, in whole or in part, on information obtained in the report, I will be provided a copy of the report and a description in writing of my applicable state rights.

Minnesota applicants only: I have the right to request a copy of my consumer report from the consumer reporting agency by checking this box . The report will be sent directly to me by the agency to my most current address listed. I also have the right, upon my direct request to the consumer reporting agency, to obtain a complete and accurate disclosure of the nature and scope of the consumer report. The disclosure obtained from the consumer reporting agency must be in writing and mailed or delivered to me within five days after the request for the disclosure was received or the consumer report was requested, whichever is later.

New Jersey applicants only: The specific nature and scope of the investigation involving personal interviews includes: _____

Oklahoma applicants only: I have the right to request a copy of my consumer report from the consumer reporting agency by checking this box . The report will be sent directly to me by the agency to my most current address listed.

Washington applicants only: I also understand that before or in the event I am denied employment based, in whole or in part, on information obtained in the report, I will be provided a copy of the report and a description in writing of my applicable state rights.

Employee Signature _____

Date _____

For Worksite Employer Use Only

Position offered: _____

- First Check
- Credit
- Motor Vehicle
- CrimLink
- State Criminal
- County Criminal
- Federal Criminal
- Employment
(Verify applicant consent above)

Driver's License#: _____ State Issued: _____

State: _____ State: _____

County Name: _____ State: _____

Please include a copy of the application or resume for this information

Reference Check.

Education Please include a copy of the application or resume for this information

Government Registries

Sex Offender Registry State(s): _____

OIG/GSA

Government Sanctions Registry

Please return completed results via e-mail: _____ Or by Secure Fax to # _____

For Processing, please fax this form to the ADP TOTALSOURCE SHARED SERVICE CENTER AT 866-580-3238 or e-mail to TOTALSOURCE_SSC@adp.com

Phone: 866-400-6011, option 1

For ADP TotalSource Use Only

Date Form Was Received: _____ Processed By: _____ Date: _____