

# ***APPLICATION FOR EMPLOYMENT***

*Please remit To:*

**Wood County Head Start  
1011 8<sup>th</sup> Street South – Wisconsin Rapids, WI 54494  
Telephone: (715) 421-2066 Fax: (715) 421-2069**

Title of Position Applying for(list all interested in):			Date:	
Last Name		First Name M.I.		
Address		City	State	Zip Code
Business Telephone		Home Telephone		
Email Address				

When is the best time to reach you at home? \_\_\_\_\_ A.M. P.M.

Have you ever filed an application with us before? ☐Yes ☐No

If yes, please give date \_\_\_\_\_

Do you have a relative or spouse who is currently a Head Start employee, or who currently serves on the Board of Directors, Policy Council, or any committee of such group? ☐Yes ☐No

If yes, please identify who \_\_\_\_\_

Are you a current or former Head Start parent? ☐Yes ☐No

If yes please indicate: ☐ Current ☐ Former

Date you would be available to begin work? \_\_\_\_\_

Are there hours/days you are **Not** available for work? ☐Yes ☐No

If yes, please specify \_\_\_\_\_

Can you travel if a job requires it? ☐Yes ☐No

Do you have a High School diploma or equivalent G.E.D.? ☐Yes ☐No

**LIST ALL DETAILS PERTAINING TO EXPERIENCE WITH CHILDREN**

**EDUCATION**

	Name and Address of School	Major field	No. Credits earned or Degree
High School			
Undergraduate College			
Graduate College			
Other Training or Certification (CPR, First Aide, Shaken Baby, etc.)			

Describe any volunteer activities you have had including your length of service.

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Other skills and/or accomplishments: \_\_\_\_\_

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## EMPLOYMENT EXPERIENCE

Please list your employment experience beginning with your most recent job. "See Resume" will be considered incomplete. If there is an employer that you do not want contacted, please note with DNC beside the employer name.

Employer	Dates Employed		Describe Work Performed
	From	To	
***EMAIL Address			
Telephone Number(s)			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			

Employer	Dates Employed		Describe Work Performed
	From	To	
***EMAIL Address			
Telephone Number(s)			
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Supervisor			
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***EMAIL Address			
Telephone Number(s)			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for leaving			

## REFERENCES

List professional references with as much detail as possible. References should be employment, education or child care related.

Name	***Email Address
Address	Phone Number
City State Zip	Position or Title
Name	***Email Address
Address	Phone Number
City State Zip	Position or Title
Name	***Email Address
Address	Phone Number
City State Zip	Position or Title

### **\*\*\*REQUIRED FOR REFERENCE CHECK TO BE COMPLETED**

Wood County Head Start, Inc. considers applicants for all positions, without regard to age, race, creed, color, disability, marital status, sex, sexual orientation, national origin, ancestry, arrest record, conviction record, membership in the national guard, state defense force or any reserve of the component of the military force of the United States or this state or use or non-use of lawful products off the employer's premises during non-working hours.

### **APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 30 days. Any applicant wishing to be considered for employment beyond this time period should submit an application for a current vacancy.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge an employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in my application being rejected or, if hired, my discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

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Only complete applications will be considered. Have you:

- ☐ Identified References?      ☐ Fully completed the employment experience portion of the application?
- ☐ Included the transcript of the most recent degree completed (if required)?      ☐ Signed and dated your application?
- ☐ Included copies of any certifications including CDA or Department of Public Instruction Certificate (if required for position)