



**EMPLOYMENT APPLICATION
SUMTER COUNTY OPPORTUNITY, INC.
HEAD START/EARLY HEAD START
HUMAN RESOURCE DEPARTMENT
P.O. DRAWER 928
LIVINGSTON, ALABAMA 35470**



PHONE: (205)652-4477

FAX: (205)652-4479

(Answer All Questions-Please Type or Print Clearly)

POSITION APPLIED FOR: _____ **Date:** _____

County: _____

PERSONAL INFORMATION:

NAME: _____ **SOCIAL SECURITY #:** _____

ADDRESS: _____ **PHONE (HOME)** _____ **(Message)** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

Federal Regulation: Are you authorized to work in the United States? () Yes () No
The Federal Immigration Reform and Control Act require individuals to provide to an employer proof that are authorized to work in the United States. This proof must be provided to, and verified by SCO, Inc. at the time of hire or no later than three business days after the date of hire.

REFERENCE SOURCE:

() News AD () Placement Service () SCO, Inc. Employee () Relative () Friend () Other

Please Specify: _____

EQUAL OPPORTUNITY	DRUG FREE WORKPLACE	AMERICANS WITH DISABILITIES ACT
SCO, Inc. an equal opportunity employer complies with provisions of all Federal and State statues relating to discrimination, such as the fair Employment Practices Act, section 504 of Rehabilitation Act, and Title IX Regulations.	SCO, Inc. is committed to maintaining a drug-free workplace and strictly complies with the drug-Free Workplace Act of 1988.	SCO, Inc. complies with provisions of Americans with disabilities Act of 1990. Reasonable accommodations for the application and interview process will be provided upon request and required. Disabled persons may contact the Personnel office for additional information or assistance.

A personal interview is required of all finalists. You will be notified if an interview is desired. SCO, In. Head Start does not reimburse interview expenses. If selected, the applicant agrees to assume all tasks within limits of what is legal as assigned.

In consideration of my employment, I agree to confirm to the rules and standards of the agency and agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option or at the option of the agency. I understand that no employee or representative of the agency other than Executive Director of this agency has any authority to enter into agreement for employment for any specified period of time, or to make any arrangement contrary to the foregoing. Further, the Executive Director of this agency may not alter the at-will nature of the employment relationship unless done so specifically and in writing. I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

I understand that any statements on this application verified as false may be cause for immediate withdrawal from the application process and should I be employed by SCO, Inc. may be cause for immediate dismissal.

Applicant Signature: _____ **Date:** _____

EDUCATIONAL TRAINING:

NAME AND LOCATION	YEARS OF ATTENDANCE	GED/DIPLOMA OR DEGREE
High School:		
College or University		
College or University		
Describe specialized training, apprenticeship, skills:		

LICENSES, REGISTRATIONS, CERTIFICATE REQUIRED FOR POSITION			
KIND	ISSUED BY	DATE	NUMBER

PROFESSIONAL/PERSONAL REFERNCES:

NAME AND ADDRESS:	PHONE: POSITION:
NAME AND ADDRESS:	PHONE: POSITION:
NAME AND ADDRESS:	PHONE: POSITION:

Names of relatives currently employed by SCO, Inc.: _____

I authorize Sumter County Opportunity, Inc. Head Start to seek all information relative to my application for Employment and candidacy. I further authorize past employers or anyone with information about my history, education and qualifications to provide such information to SCO, Inc. in response to their inquiry. I agree to hold harmless from any liability(suit, claim or other action) anyone supplying such information.	
Applicant Signature: _____	Date _____

EMPLOYMENT HISTORY: Start with most recent position.

NAME AND ADDRESS OF EMPLOYER: JOB TITLE: SUPERVISOR: WORK PERFORMED:	EMPLOYER'S PHONE: () DATES EMPLOYED (Month/Year) From: _____ To: _____ Current Monthly Salary: _____ Reason for Leaving: _____ May we contact this employer? () Yes () No
NAME AND ADDRESS OF EMPLOYER: JOB TITLE: SUPERVISOR: WORK PERFORMED:	EMPLOYER'S PHONE: () DATES EMPLOYED (Month/Year) From: _____ To: _____ Current Monthly Salary: _____ Reason for Leaving: _____ May we contact this employer? () Yes () No
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List other experiences (voluntary or professional) relevant to this position:

Have you ever applied for employment with us? () Yes () No
If Yes, Month and Year _____ Location _____

CRIMINAL HISTORY

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 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 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 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 line below:

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

Signature _____ Date _____

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, charge, and/or conviction, and other relevant information.

Signature _____ Date _____

SUMTER COUNTY OPPORTUNITY, INC. WILL TAKE NECESSARY STEPS TO ENSURE THE CONFIDENTIALLY OF THIS FORM

AN EQUAL OPPORTUNITY EMPLOYER

F. Reference form

DHR-CDC-1948

REFERENCE FORM

Date: _____

To: _____
(Reference Contact)

Address: _____
(Street) (City) (State) (Zip Code)

_____ has applied to work in a child care facility (home or center)
(Name of applicant)

as a _____. He/she has given your name as a person to be
(Position)

contacted for information regarding his/her character, suitability to work with children and previous or prospective job performance. Please answer the following questions and provide any additional comments that could be helpful. Your response will be kept confidential.

1. How long have you known this person? _____

2. What is/was your relationship with this person? (friend, employer, pastor, neighbor, etc.)

3. In your opinion, is this person: Comments: _____
Dependable? Yes No
Honest? Yes No
Even-tempered? Yes No _____

4. To your knowledge, does this person: Comments: _____
Use drugs? Yes No
Drink excessively? Yes No
Use abusive language? Yes No _____

5. If you are/were an employer of this person, describe the type of work the person does/did and the quality of the work he/she performed. What was the reason for the person leaving your employment, if applicable?

6. If you have young children, would you leave your own child/children in the care of this person? Yes No If no, please explain.

7. To your knowledge, does this person have qualities, traits, or abilities that make him/her particularly suitable to care for children? Yes No Please explain.

8. Do you know of any reason why this person might not be suitable to care for children? Yes No If yes, please explain.

9. If you have any additional comments about this person you feel would be useful when considering his/her application for employment in a child care facility, please state below.

Signature

Date

Telephone number

Please return this form to:

Name of person requesting information: _____

Name of child care facility (home/center): _____

Address of facility:

Street: _____

City: _____

State: _____ Zip Code: _____

Telephone Number: (_____) _____

If you prefer **not** to provide a reference for this person, please sign here and return this form to the address above.

Signature

Date

F. Reference form

DHR-CDC-1948

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To: _____
(Reference Contact)

Address: _____
(Street) (City) (State) (Zip Code)

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Signature Date Telephone number

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Name of child care facility (home/center): _____

Address of facility:

Street: _____

City: _____

State: _____ Zip Code: _____

Telephone Number: (_____) _____

If you prefer **not** to provide a reference for this person, please sign here and return this form to the address above.

Signature Date

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Signature _____ Date _____ Telephone number _____

Please return this form to:

Name of person requesting information: _____
Name of child care facility (home/center): _____
Address of facility:
Street: _____
City: _____
State: _____ Zip Code: _____

Telephone Number: (_____) _____

If you prefer **not** to provide a reference for this person, please sign here and return this form to the address above.

Signature _____ Date _____