



# EMPLOYMENT APPLICATION

UMATILLA-MORROW CO. HEAD START, INC.  
 HUMAN RESOURCE OFFICE  
 110 NE 4th STREET  
 HERMISTON, OR 97838  
 PHONE: (541) 564-6878 FAX: (541) 564-6879

(Answer All Questions - Please Type or Print Clearly)

Position Applied For:		Date:	Date Available	Expected Pay:
Last Name	First Name	Initial	Social Security No. (If hired, you must have or obtain a Social Security number for payroll purposes)	
Street Address		City	State	Zip
Residence Telephone Number		Alternate Telephone Number		
In Case of Emergency Notify:			Telephone Number:	

DISABILITIES	EQUAL EMPLOYMENT OPPORTUNITY	DRUG-FREE WORKPLACE
<p><b>Important:</b>            Applicants with disabilities may request reasonable accommodations to complete this application, or to take any test required for the position for which the applicant has applied, by making a request at the time of application or testing.</p>	<p>It is our policy to seek and employ the best qualified employees and to provide equal opportunity for the advancement of employees and to administer all of our employment policies in a manner that will not discriminate against any person because of race, color, religion, age, sex, marital or veteran status, national origin, disability, on-the-job -injuries, sexual orientation, or any other legally protected status.</p>	<p>UMCHS is committed to maintaining a drug-free workplace and strictly complies with the Drug-Free Workplace Act of 1988.</p>

<p><b>When are you available for work?</b> (We will attempt to reasonably accommodate employees which require certain hours or days off because of religious beliefs or practices.)  <b>Check shifts and days you <u>can</u> work.</b></p> <p><input type="checkbox"/> Days <input type="checkbox"/> Swing <input type="checkbox"/> Rotating</p> <p><input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sunday</p>	<p><b>If you are hired, are you prepared to present evidence within three days of beginning work showing that you are legally authorized to work in the United States?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
	<table border="1"> <tr> <td> <p><b>Are you 18 years of age or older?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> </td> <td> <p><b>Have you ever worked for us before?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> </td> </tr> </table>	<p><b>Are you 18 years of age or older?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p><b>RELATIVES/FRIENDS:</b> Qualified relatives/friends are eligible for employment except unusual situations where we need to avoid possible conflicts of interest. <b>Do you have any relatives who currently work for us?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state name (s): _____</p> <p><b>Are you a current/former Head Start parent?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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**QUALIFICATIONS:** Please list any education, training and/or specialized experience (such as schools, colleges, degrees, licenses, vocational, technical, or military experience; hobbies, etc.) you feel would help you perform the work for which you are applying:

DEGREES, LICENSES, RELEVANT EDUCATION OR TRAINING

WHERE DID YOU ACQUIRE IT? (name/address of school, program, military branch and specialty, etc.)


**EMPLOYMENT EXPERIENCE:** Please account for all periods of employment by month/year, including any self-employment and military service. (Attach another sheet if more space is needed.)

Present or Last Employer	Phone	Hire Date	Date Left	Starting Pay	Final Pay
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Address	Supervisor	Reason for Leaving
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Job Title/Job Duties

Previous Employer	Phone	Hire Date	Date Left	Starting Pay	Final Pay
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Address	Supervisor	Reason for Leaving
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Job Title/Job Duties

Previous Employer	Phone	Hire Date	Date Left	Starting Pay	Final Pay
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Address	Supervisor	Reason for Leaving
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Job Title/Job Duties

**Have you ever been terminated (or quit because you believed that you might be terminated) at an employer's request?**

Yes  No If yes, please identify employer and explain circumstances: \_\_\_\_\_

**PROFESSIONAL/ PERSONAL REFERENCES:**

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

## 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 \_\_\_\_\_

**DRIVING POSITIONS:** (Answer *only* if driving is an essential function of the job.)

Do you have a valid driver's license?  Yes  No

If yes, please list License No./State: \_\_\_\_\_. **Have you ever been CONVICTED, PLED GUILTY or NO CONTEST, or FORFEITED BOND OR BAIL for any traffic violations, offenses or citations, regardless of how they were classified or whether minor or major, in the past 5 years?**

Yes  No If yes, give details: \_\_\_\_\_

## VERIFICATION, AUTHORIZATION AND SIGNATURE

I authorize the investigation of all matters which the Company deems relevant to my qualifications for employment, including all information given in this application and in my attachments, supporting documents or interviews. I authorize you to request and receive such information and I release from all liability any current or former employers, other entities (schools, etc) or persons (such as current supervisors, coworkers, etc.) supplying it. I also release you from all liability which might result from making the investigation.

I certify that all of the above information given in this application and in any attachments, supporting documents or interviews is (or will be) true, complete and accurate to the best of my knowledge. I understand and agree that any falsification, misinterpretation or omission, as well as any misleading statements or omissions, generally will result in denial of employment, withdrawal of any offer of employment or immediate termination, regardless of when and how discovered.

I understand and agree that I may be required to submit to pre- or post-employment physical or other professional examinations, medical inquiries and/or urinalysis tests for the presence of drugs and/or alcohol.

**IMPORTANT: This means that with very few exceptions an employee will be required to submit to testing in several different circumstances. Ask to see copies of our applicant and employee alcohol and drug policies if you have any questions.** I agree to such examinations, inquiries and/or testing at the Company's expense. I authorize release of my results to the Company and their use to evaluate my suitability for employment. I also release the Company from all liability arising out of or connected with any examinations, inquiries and/or testing.

I understand and agree that I may resign or be terminated, with or without cause or notice, at any time, unless otherwise stated in a written employment contract. I also understand and agree that the Executive Director is the only person who will ever have the authority to agree to any other terms and/or to enter into such contracts, and that all such agreements for other terms of employment or contracts must also be signed by both parties. I also understand and agree that unless otherwise stated in a written employment contract, the Company may change, withdraw and interpret other policies (including wages, hours and working conditions) as it deems appropriate.

This application will only be considered for 1 year. I understand that if I have not been hired within this time period and still wish to be considered for employment, I must complete a new application.

I understand and agree that if I am hired the statements in this paragraphs will become a binding part of my employment relationship. I have read (or had read to me in a language I understand) each of these statements. I have also reviewed all of the information provided in this application and in any attachments or supporting documents.

Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Unsigned or incomplete applications will not be considered.*