Lake-Geauga United Head Start,

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status

PERSONAL

Last Name	First	Middle	Date
Street Address			Social Security Number
City	State	Zip	Home Telephone # (____)_____ Business Telephone # (____)_____

Position Desired: _____ ☐ Full Time ☐ Substitute

Location Desired:_____ Pay Expected:_____

# of hours you are available to work: _____

Time: ☐ _____AM ☐ _____PM

Have you ever applied for employment with us?

☐ Yes ☐ No If yes, month and year _____Location_____

How did you hear about this position?

Do you have a current Driver's License? ☐ Yes ☐ No

Are you a past or current Head Start Parent? ☐ Yes ☐ No

Are you fluent in any languages other than English? ☐ Yes ☐ No If yes_____

Are you related to a past or current LGUHS employee? ☐ Yes ☐ No

EDUCATION

SCHOOL	NAME/LOCATION OF SCHOOL	COURSE OF STUDY	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School					
College					
Business/Trade/Technical					
Other Special Training					

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS

(Exclude those which may disclose your race, color, religion or national origin)

MILITARY

Did you serve in the U.S. Armed Forces? ☐ Yes ☐ No

If "Yes" in what Branch?_____

Describe any training received relevant to the position for which you are applying:_____

_____

_____

_____

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1

Company Name	Telephone ( )
Address	Employed – (State month and year) From To
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work _____	Reason for Leaving

2

Company Name	Telephone ( )
Address	Employed – (State month and year) From To
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work _____	Reason for Leaving

3

Company Name	Telephone ( )
Address	Employed – (State month and year) From To
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work _____	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	***DO NOT CONTACT*** Employer Number (s)_____Reason_____ _____

SIGNATURE

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage in investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

_____ Signature

_____ Date