

Employment History: Please list all full-time and part-time positions starting with most recent - attach additional page if necessary.

Dates	Name and Address of Employer	Telephone	Salary	Supervisor Name & Title
From			Start	
To			Finish	Type of Business
Title of Position		Reason for Leaving		
Describe in detail the duties and responsibilities of your position:				

Dates	Name and Address of Employer	Telephone	Salary	Supervisor Name & Title
From			Start	
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Title of Position		Reason for Leaving		
Describe in detail the duties and responsibilities of your position:				

Dates	Name and Address of Employer	Telephone	Salary	Supervisor Name & Title
From			Start	
To			Finish	Type of Business
Title of Position		Reason for Leaving		
Describe in detail the duties and responsibilities of your position:				

Explain periods of unemployment in excess of 3 months during the past 10 years: _____

May your current employer be contacted about your interest in this position? _____

Additional comments which you feel are important in considering your qualifications for a position with this Head Start program.

References: Give the names of three people not related to you, whom you have known at least one year.

Name	Address	Business	Phone No.

I understand and agree that:

1. All information in this application is true and complete and that any misrepresentation, falsification or willful omission shall be sufficient reason for refusal of employment or dismissal after employment.
2. I am authorizing investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.
3. My employment may be terminated by Head Start at any time without liability for wages or salary except such as may have been earned at the date of such termination.
4. Although Head Start makes every effort to accommodate individual preferences, occasionally evening meetings and over-night trips are required in addition to the Monday through Friday work schedule. I understand and accept these as conditions of my continuing employment.

I further understand that this is an application for employment and that no employment contract is being offered.

I understand that if I am employed, such employment is for no definite period of time and that Head Start can change wages, benefits and conditions at any time.

I have read and understand the above.

Date: _____ Signature: _____

Person to notify in case of an emergency:

Name	Relationship	Address	Phone No.
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The Northeast South Dakota Head Start Program, Inc. is an equal opportunity employer, and selects the best matched individual for the job based upon job qualifications, regardless of race, color, creed, sex, national origin, age, disability, or other protected groups under state, federal or local Equal Opportunity Laws.

Check ONE box that corresponds with the facility type or Reason for this request.

- Adoption
- Before & After School Center
- Child Placement Agency
- Foster Home
- Group/Residential Facility

- Head Start Program
- Independent Living Prep Program
- In-Process Regulated Child Care
- Child Advocacy Centers
- Regulated Child Care Program

- Relative/Other Caretaker (DOC)
- Relative Placement (CPS)
- Tribal Child Welfare
- CASA
- Other: _____

(Please read instruction on back of this form before completing)

SOUTH DAKOTA PERMISSION TO SCREEN FOR REPORTS OF ABUSE OR NEGLECT

In connection with my application/approval, as a(n) _____ I understand that my name must be screened for substantiated reports of abuse or neglect in South Dakota and any other states in which I have resided in over the age 18 in the last 10 years. My signature authorizes that South Dakota Department of Social Services, and any other state, to search any information systems and any central registry for child abuse and neglect they may have, and review records, identified in the search which may provide information related to reports and investigations of abuse or neglect. My signature authorizes the release of any information found in these searches, including but not limited to substantiated incidents not on the central registry of child abuse and neglect, to the South Dakota Department of Social Services.

FULL Legal Name: _____ Date of Birth: _____

Maiden Name: _____ Other Names Used: _____

Social Security #: _____ Sex: _____ Race: _____ Resource #: _____

List All Prior Cities/States lived in since the age of 18 or the last 10 years. You may use additional blank sheet of paper if necessary.

City	State	Date (MM/YY)	City	State	Date (MM/YY)

List Full Birth Name and Date of Birth of ALL of your children:

First	Middle	Last	DOB(MM/DD/YY)	First	Middle	Last	DOB(MM/DD/YY)

The Department of Social Services, it's staff and agents are released from any and all liability based upon information transmitted through this authorization, as long as such information is given in good faith.

My Signature further authorizes the release of any information found in these searches, including but not limited to substantiated incidents not on the central registry of child abuse and neglect, to the agency listed below. Parent/Guardian signature is also required if the individual completing the form is under the age of 18.

Signed: _____ Date _____

Your Current Address: _____

Agency Contact Person Phone Number & E-mail	Agency Name & Address	Provider/Agency License Number
Renee Scherbenske rscherbenske@nesdhs.org 605-229-4506	NESD Head Start 200 S. Harrison St. #1 Aberdeen, SD 57401	<input checked="" type="checkbox"/> N/A - DSS field office/Head Start <input type="checkbox"/> N/A - License not yet issued