

Northeast South Dakota Head Start Program, Inc.

200 South Harrison St #1

Aberdeen South Dakota 57401

Telephone: 605-229-4506 - Fax: 605-226-0196

Application for Employment

(Complete all applicable information – Incomplete applications will not be considered)

Personal Information:

Name _____
Last First Middle Social Security Number

Mailing Address _____
Street City State Zip

Email address: _____

Telephone number: _____

Today's Date: _____

Cellular telephone number: _____

If driving is an essential function of the position, please answer:

Driver's License Number: _____ State: _____ Expiration: _____

Have you ever been convicted of a crime other than minor traffic violations? Yes No

If yes, please give particulars on a separate sheet. A Yes answer does not automatically disqualify from employment.

For Bus Driver Applicants ONLY:

Have you ever been cited for a moving traffic offense? Yes No

If yes, explain:

**All Bus Driver applicants' driving records will be checked and reviewed through state agencies, including the National Bus Driver Register.*

Employment Desired:

Position: _____ Full-time or Part-Time

Date available for work: _____ Other

How did you learn about the position? News Paper Website Department of Labor _____

Education:

High School: _____
Name/Location Years (from/to) Graduate? Degree

College: _____
Name/Location Years (from/to) Graduate? Degree

Graduate School: _____
Name/Location Years (from/to) Graduate? Degree

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	
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	
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 persons 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	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.

**Declaration Form for Prospective Employees of the
Northeast South Dakota Head Start Program, Inc.**

Name of Prospective Employee: _____

Federal policies 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 conviction of violent felonies. These declarations may exclude:
 - * Offences not related to child abuse and/or child sexual abuse, or violent felonies committed before your 18th birthday, which was finally adjudicated in a juvenile court 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 offences listed above are not automatically disqualified from being hired. Head Start agencies must review each case to assess the relevance of an arrest, charge of conviction to a hiring decision.

PLEASE PROVIDE YOUR SIGNATURE ON THE APPROPRIATE CATEGORY BELOW:

I understand a national or state criminal record check will be done if deemed appropriate by the Northeast South Dakota Head Start Program, Inc.

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

Signature

Date

OR

I understand a national or state criminal record check will be done if deemed appropriate by the Northeast South Dakota Head Start Program, Inc.

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

IMPORTANT: The Northeast South Dakota Head Start Program, Inc. will take the necessary steps to assure the confidentiality of this form.

INSTRUCTIONS FOR COMPLETING PERMISSION FORM

1. Each applicant and all other required persons age 10 years or older must complete and sign a Permission to Screen for Reports of Abuse or Neglect form.
2. From choices listed, mark correct **Box** to indicate the appropriate facility/provider type. If an application has been filed, but the license/registration has not yet been issued, mark two boxes – application filed & facility type.
3. List on the first blank line of this form the type of license or registration or employment position for which you have applied. (this will vary for each person) Examples are but not limited to:

Family Day Care Applicant	Adoption Applicant	Child to	Teacher	Facility
Facility/Program Administer	Foster Care	Site Assistant	Volunteer	Facility
Secondary Child Care	Spouse of Applicant	Site	Facility	GFDC
Other household member	Youth Care worker			

4. List your full name on the appropriate line. This would be your current legal first, middle, and last name. The listing of your date of birth must include the month, day, and year you were born.
5. List your maiden name on the appropriate line. If this section does not apply to you, write N/A (meaning not applicable) in this area.
6. List any other names you have used on the appropriate line. Examples of such names would be nicknames; any abbreviated versions of your full name (i.e. William/Bob or Edward/Ed); previously married names; a birth name; or any other names that have been used.
7. List your social security number, or appropriate Male/Female blank, and list your race.
8. List all addresses from any place you have lived **SINCE BIRTH** on the appropriate lines. All information is important but if you are not able to remember the complete address for a previous living location, **you must always include the City and State.** Always include the **Beginning and Ending Dates** for each address location.
9. List the full name and date of birth for all of your own children (even if the children do not live with you now). Do not list the names of other people's children for whom you provide care (i.e. daycare children, foster children).
10. **SIGN your name** at the bottom of the form. If the screening is for a person under 18 years of age, this person's parent or legal guardian must sign the form. **Include** your current mailing address at the bottom of the form.
11. Complete the Agency Information by listing the agency's name as it appears on their license, agency complete mailing address and telephone number, and the agency's license number as it appears on their license. If the agency has applied for a license but has not yet received it's beginning license, mark where indicated.
12. Return your completed permission form to the appropriate agency.

If any information is found which would prohibit the issuance of a child welfare license or registration or prohibit employment with a licensed or registered child welfare agency, the individual will be notified of the screening results and be informed of their right to request a hearing on the matter. Once proper notification has been accomplished, the Department will notify the licensed or registered agency of the screening results.

Failure to list all information or complete all questions will delay the screening process.

Check box that Corresponds With facility Type for this Request. →

- Residential Treatment Center
- Independent Living Prep Program
- Group Care Center for Minors
- Child Placement Agency
- Foster Home
- Adoption
- Day Care Center
- Relative Placement
- Head Start Program
- Family Day Care Home
- Group Family Day Care Home
- Before & After School Center
- License/Registration Application filed
- Also mark corresponding facility type

PERMISSION TO SCREEN FOR REPORTS OF ABUSE OR NEGLECT

In connection with my application 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 since birth. My signature authorizes the 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 relating 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: _____

Other Names Used: _____

Social Security #: _____ Male: _____ Female: _____ Race: _____

List All Prior Addresses: (Since Birth)

_____ Street Address _____ City _____ County _____ State _____ Dates _____

List Full Name (first, last, birth) and Date of Birth for ALL your OWN Children:

(Do not list other people's children for whom you might provide daycare)

Name _____ Date of Birth _____ Name _____ Date of Birth _____

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.

Signed: _____ Date: _____

Address: _____

EMPLOYMENT WITH LICENSED/REGISTERED CHILD WELFARE AGENCY

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.

Agency Name & Phone Number
NESSD HEAD START PROGRAM, INC.
(605) 229-4506

Agency Mailing Address
200 South Harrison St. #1
ABERDEEN, SD 57401

Agency License Number
 N/A – DSS field office/Head Start
 N/A – license not yet issued5-2006

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by First Advantage P.O. Box 105292 Atlanta, GA 30348, 1-800-845-6004, another outside organization acting on behalf of the Company, and/or the Company itself. Their Privacy Policy can be reviewed at <http://www.fadv.com/privacy-policy/>. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report at no charge if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Last Name _____

First, Middle _____

Signature: _____

Date: _____

** If you will be requesting driving records, we recommend that you have this form notarized.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

Employer please note: If a Minnesota or Oklahoma consumer checks “YES” regarding the consumer report, or if a California consumer checks “YES” regarding the credit report (and you do request a credit report), please fax this form to your First Advantage service center. If consumer checks “YES” regarding the full consumer report, and consumer resides in California, you will need to provide the individual with a copy of their consumer report, unless you have made prior arrangements for First Advantage to do so on your behalf. Account Number: _____

Consumer Information

Last Name _____ First _____ Middle _____

Other Names/Alias _____ Social Security* # _____

Date of Birth* _____ Driver’s License # _____ State of Driver’s License* _____

Present Address _____ Phone Number _____

City/State/Zip _____ Former Employer _____

Position Dates of Employment _____

*This information will be used for background screening purposes only and will not be used as hiring criteria