



Albina Head Start, Inc.
 3417 NE 7th Ave. Portland, OR 97212
 (503) 282-1975 Fax (503) 282-1986

Employment Application

You must complete all pages of this application, including Application Cover page, even if you attach a resume.

Albina is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age disability, marital or veteran status, or any other legally protected status.

Job Title/Position Applying For: (Do not leave blank) We only accept Applications for Open/Posted positions.
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Personal Data			
Name: Last		First	MI
Address:		SS Number:	
City:	State:	Zip:	
Home/Cell Phone:	Work Phone:	Email:	
Referred By:			
Have you ever been employed by Albina Head Start/Early Head Start?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever applied to Albina Head Start/Early Head Start before?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently employed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your current employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a current parent of Albina Head Start/Early Head Start?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you related to a current Albina Head Start employee or board member? If yes, provide name of relative.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Proof of citizenship or immigration status will be required upon employment.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
How did you hear about the position?	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Website	<input type="checkbox"/> Relative
	<input type="checkbox"/> Friend	<input type="checkbox"/> Other:	
Are you interested in	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Either Full or Part <input type="checkbox"/> On-call
Date available to begin employment:		Salary Desired:	

Education																			
Do you have a high school diploma or GED certificate?										<input type="checkbox"/> Yes	<input type="checkbox"/> No								
Circle highest year completed in school:										9	10	11	12	13	14	15	16	17	18
List College, University, Nursing, Trade, Business or other schools attended.																			
Name and Location of School			Course of Study			Years Completed		Graduated		Degree									
Subjects of special studies or research work:																			

Skills / Certifications				Office Use
<input type="checkbox"/> Driver's License	<input type="checkbox"/> Current Child Care Division Registry #	*Criminal History Registry	Expiration Date:	<input type="checkbox"/> CHR Verified Date:
<input type="checkbox"/> Current: <input type="checkbox"/> First Aid <input type="checkbox"/> CPR				
<input type="checkbox"/> Current Food Handler's Card	<input type="checkbox"/> Current CDA (Child Development Associate)			
<input type="checkbox"/> Computer Data Base/Word Processing	<input type="checkbox"/> Computer Programs: <input type="checkbox"/> Galileo <input type="checkbox"/> ChildPlus			
<input type="checkbox"/> Computer: <input type="checkbox"/> Email <input type="checkbox"/> Internet	<input type="checkbox"/> Other License/Certificate:			
<input type="checkbox"/> Additional:				

Work Experience

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Name and Address of Employer:		Supervisor's Name and Telephone Number:	
Your Title:		Hourly Rate/Salary Starting: Final:	
From: Month/Year	To: Month/Year	Your Duties:	
Reason For Leaving:			

Name and Address of Employer:		Supervisor's Name and Telephone Number:	
Your Title:		Hourly Rate/Salary Starting: Final:	
From: Month/Year	To: Month/Year	Your Duties:	
Reason For Leaving:			

Name and Address of Employer:		Supervisor's Name and Telephone Number:	
Your Title:		Hourly Rate/Salary Starting: Final:	
From: Month/Year	To: Month/Year	Your Duties:	
Reason For Leaving:			

Name and Address of Employer:		Supervisor's Name and Telephone Number:	
Your Title:		Hourly Rate/Salary Starting: Final:	
From: Month/Year	To: Month/Year	Your Duties:	
Reason For Leaving:			

Additional Volunteer / Community Experience

You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Name and Address of Organization:		Supervisor's Name and Telephone Number:	
Your Title:			
From: Month/Year	To: Month/Year	Your Duties:	
Total Time: Years/Months	Hours per week:		

References		
Please list three references.		
Name	Address	Telephone

Additional Qualifications
Summarize special job related skills and qualification acquired from employment or other experience.

Additional Information
DO NOT answer this question unless you have been informed about the requirements of the job for which you are applying.
Are you capable of performing in a reasonable manner, with our without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. <input type="checkbox"/> Yes <input type="checkbox"/> No I have read and signed the job description (s). <input type="checkbox"/> Yes <input type="checkbox"/> No

I certify that the information contained in this application is true and complete.

I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand that enrollment in the State of Oregon Child Care Division; Criminal History Registry is required at time of hire and must be renewed every two years.

I understand that employment with Albina Head Start is contingent upon approval of Head Start Parent Policy Council.

I understand that consideration for employment is contingent on the results of a reference and background check. I authorize Albina Head Start to contact my former employers and listed references to verify information. I authorize all contacted persons and former employers to provide information concerning this application, past work experience, my background and suitability of employment and I release such persons and former employers from liability for providing such information.

Signature of Applicant: _____ Date: _____

Applicant Name (printed): _____