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| **Preamble for Employment**Please read the following before completing the application form. |

1. There is no guarantee of a job offer or interview in completing our application. Your application will be considered with others that have been submitted and decisions about interviews will be based on this comparison.
2. Our application must be completely filled out in order for you to be considered for an interview. Three (3) professional reference letters must accompany all applications.
3. If any information provided on the application cannot be satisfactorily verified by employment reference checks, your application could be considered incomplete.
4. Applications are filed according to the job title. Please be specific in stating the job that you are applying for. For example, “any position” is not an acceptable response to be considered for our application process of hiring.
5. Due to the large number of applications that we receive and the competitive nature of our employment process, specific reasons for employment decisions will not be released.
6. If you are considered for employment, you will be asked to submit the following documents, screenings / background checks:
	1. Employment references checks from former employers
	2. Criminal History
	3. Sex Offender check
	4. VA Department of Social Services Central Registry Search
	5. Sworn Statement of Affirmation
	6. Drug Screening
	7. Physical or TB
7. It is the policy of the agency that all employees who do have a written employment contract with the agency for a specific fixed time of employment are employed at the discretion and the will of the agency.

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| **DISCLAIMER** |
| Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered. Please complete each section EVEN IF you decide to attach a resume.I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in termination of my employment.**PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**EMPLOYMENT APPLICATION / VOLUNTEER**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **PERSONAL INFORMATION** |
| Name: | Date of Birth: |
| Address: |
| City: | State:  | Zip Code: |
| Cell Number: | Work Number: | Email:  |
| Social Security Number:  |
| Employment Desired: FULL-TIME PART-TIME SEASONAL VOLUNTEER SUBSTITUTE [Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.][Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.][Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.][Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.][Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.] |
| Position applied for: |
| **EDUCATION** |
| High School:  | City and State:  | Graduation Date: |
| GED Date: | City and State: | Graduation Date: |
| College Attended: | City and State: | Graduation Date: |
| College Certification: | City and State: | Graduation Date: |
| CDA: | City and State: | Graduation Date: |
| **EMPLOYMENT ELIGIBILITY** |
| 1. Are you legally eligible to work in the U.S? \_\_\_\_Yes \_\_\_\_No
 |
| 1. Have you ever worked for this employer? \_\_\_\_Yes \_\_\_\_No

\*If yes please indicate the START and END dates. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**----------------------------------------\*Yearly Update\*------------------------------------------**

1. **File updated on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **File updated on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **File updated on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **File updated on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
5. **File updated on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
6. **File updated on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
7. **File updated on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
8. **File updated on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
9. **File updated on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
10. **File updated on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **EMERGENCY CONTACT INFORMATION** |
| Name: | Date: |
| Address: | City: | State: | Zip Code: |
| Cell Number: | Work Number: | Email:  |
|  |
| Name: | Date: |
| Address: | City: | State: | Zip Code: |
| Cell Number: | Work Number: | Email:  |

**Note:** Background checks as required by the regulation entitled Background Checks for Licensed Child Day Programs and Family Day Systems (8VAC20-770).

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| **PROOF OF EDUCATION** |
| GED Certificate* High School Diploma
* College Transcripts or Diploma
* Certificate or License
* First Aid Card
* CPR CARD
* MAT Trained

  |
| **Signature of Person who reviewed and copied document:**  |

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| **HEALTH** |
| * PHYSICAL DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* TB TEST DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* ANY KNOWN ALLERGIES LIST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| **EMPLOYMENT HISTORY** |
|  **1.** Employer Name:  | Phone #: | Email: |
| Address: | City:  | State: | Zip: |
| Starting Pay: \_\_\_Hourly \_\_\_Salary  | Ending Pay: \_\_\_Hourly \_\_\_Salary  | Desired Wage$\_\_\_\_\_\_\_ |
| Job Title: | Responsibilities: |
| Start Date: | End Date: | May we contact this employer\_\_\_Yes\_\_\_No |
| Reason for Leaving |
| **2.** Employer Name:  | Phone #: | Email: |
| Address: | City:  | State: | Zip: |
| Starting Pay: \_\_\_Hourly \_\_\_Salary  | Ending Pay: \_\_\_Hourly \_\_\_Salary  | Desired Wage$\_\_\_\_\_\_\_ |
| Job Title: | Responsibilities: |
| Start Date: | End Date: | May we contact this employer\_\_\_Yes\_\_\_No |
| Reason for Leaving: |
| **3.** Employer Name:  | Phone #: | Email: |
| Address: | City:  | State: | Zip: |
| Starting Pay: \_\_\_Hourly \_\_\_Salary  | Ending Pay: \_\_\_Hourly \_\_\_Salary  | Desired Wage$\_\_\_\_\_\_\_ |
| Job Title: | Responsibilities: |
| Start Date: | End Date: | May we contact this employer\_\_\_Yes\_\_\_No |
| Reason for Leaving: |

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| **REFERENCES***(Professional Only)* |
| **REFERENCE #1** |
| Name: | Relationship: |
| Company: | Position: |
| Email: | Phone #: |
| **Date Reference Check Completed:** | **Spoke to:** |
| **Name of Company Called:** | **Results:** |
| **Signature of Person Making Call:** |  |
| **REFERENCE #2** |
| Name: | Relationship: |
| Company: | Position: |
| Email: | Phone #: |
| **Date Reference Check Completed:** | **Spoke to:** |
| **Name of Company Called:** | **Results:** |
| **Signature of Person Making Call:** |  |
| **REFERENCE #3** |
| Name: | Relationship: |
| Company: | Position: |
| Email: | Phone #: |
| **Date Reference Check Completed:** | **Spoke to:** |
| **Name of Company Called:** | **Results:** |
| **Signature of Person Making Call:** |  |
| **BACKGROUND CHECK CONSENT** |
| **IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? \_\_\_Yes \_\_\_No** |
| **DISCLAIMER** |
| I attest that all information that is provided pertaining to all criminal checks being completed has been completed with accuracy and honesty. I attest that the Sworn Statement of Affirmation is provided with Integrity, Honesty, and with response being ethical and true. If any information is intentionally falsified your application will be denied and you will not be able to reapply for a position with Lyn-Cag Head Start or Growing Learners for 5 years. **PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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|  **SWORN STATEMENT OR AFFIRMATION FOR CHILD DAY PROGRAMS** |

**Print**

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| --- | --- | --- | --- | --- |
| **Last Name:** | **First:** | **Middle:** | **Maiden:** | **Social Security Number** |
| **Address:** | **Street, P.O. Box #, Apt. #:** | **City:** | **State:** | **Zip Code:** |
| **Name of Licensed/Registered Approved Facility/Provider:**Lyn-CAG Head Start | **Street, P.O. Box#, Apt.#**1010 Main Street, #3 | **City:**Lynchburg | **State:**Virginia | **Zip Code:**24504 |

Have you lived outside of Virginia in the past five years? Yes No

If yes, what state(s) have you lived in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please respond to all four (4) questions below:***

1. Have you ever been convicted of or are you the subject of pending charges of any crime within the Commonwealth of Virginia?
* Yes (convicted in Virginia)
* Yes (pending in Virginia)
* No **Please**

If yes to convicted or pending, specify crime(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2. Have you ever been convicted of or are you the subject of pending charges of any crime outside the Commonwealth

 of Virginia?

* Yes (convicted outside Virginia)
* Yes (pending outside Virginia)
* No

Yes (convicted outside Virginia) Yes (pending outside Virginia) No

If yes to convicted or pending, specify crime(s) and state, or other location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 3. Have you ever been the subject of a founded complaint of child abuse or neglect within the Commonwealth of

 Virginia?

* Yes (in Virginia)
* No (in Virginia)

 4. Have you ever been the subject of a founded complaint of child abuse or neglect outside the Commonwealth of

 Virginia?)

* Yes (Outside Virginia)
* No (Outside Virginia)

 If yes, specify state, or other location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***I hereby affirm that the information provided on this form is true and complete. I understand that the information is subject to verification and that making a materially false statement or affirmation is a Class I misdemeanor.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature Date**

 *032-05-0160-09-eng (07/14)*

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| **CONFIDENTIALITY STATEMENT** |

Daily I may handle confidential information about enrolled children, families, and staff that I see daily. I will not discuss matters pertaining to individual children, families, or staff that I encounter in this program with anyone other than those who I have permission to correspond with. A child’s record is considered privileged and confidential, and so are documents related to staff. Written consent must be obtained before any documents can be viewed by staff or parents, which will be limited to specific forms. In order to release information to a third party we must have a signed Release of Information form on hand from the parent or the guardian.

No administrative discipline forms will be shared with parents or staff pertaining to anyone who is not authorized to receive that information. You are committed to keeping confidential information private unless there is an obligation for the common good to disclose such information or if the crèche is legally obliged to do so or has been ordered by a subpoena from a court of law or other enforcement agencies.

**PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***--------------------------------------OFFICE USE ONLY / DO NOT WRITE BELOW----------------------------------------***

Staff will report to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position hired for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hourly or Salary Wage: \_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Worksite Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any known Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interview Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hire Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Separation Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**