United Community Action Program, Inc. / UCAP Head Start 501 6th Street, Pawnee, OK 74058 Email: hr@ucapinc.org Phone:(918) 762-2561 x147 Fax: (918) 762-3463

Application for Employment

your abilities if employed by us.	Print	t Clearly / Com	plete Fully			
Location:	Print Clearly / Complete Fully Position applied for:			Date of application:		
How were you referred to us?	☐ Newspaper ad ☐ Current employee			my own er		
Name			Email			
Address						
Number Home Phone(Area Code)	Street	- 7	one		Zip Code	
Is there an alternate number we						
					days:	
What is your minimum weekly s	salary requirement?		Dates av	vailable for work:		
If you are under 18 years of ag	e, can you provide requii	red proof of yo	ur eligibility	y to work?	☐ Yes ☐ No	
Have you previously applied fo	r employment here?	☐ Yes	☐ No	If yes, when?		
Has this company previously e	mployed you?	Yes	☐ No	If yes, when?		
Are any of your relatives emplo	yed here?	'es	☐ No	If yes, please list na	ame(s) and department(s):	
· ·		☐ Yes ☐ gration status v	☐ No will be requ	ired upon employme.	ning lawfully employed nt.) Yes No	
Are you able to per	iom the essential function	-			Ties Tino	
• Education Name	and Location of School	No. Yea	of rs Attended	Did you d graduate?	Subjects Studied	
Grammar School						
High School						
College						
Trade, Business or Correspondence School						
The Age Discrimination in Em 40 but less than 70 years of a		bits discrimination	on on the ba	asis of age with respect	to individuals who are at least	

US Military or	Dank	Present Membership in				
Naval Service Rank			National Guard or Reserves			
	ployers (List below last four employers, st	arting with the	last one first.)			
Date Month / Year	Name, Address, Phone Number of Employer	Salary	Position	Reason for Leaving		
From	or Employer	Jaiary	i osition	Reason for Leaving		
То						
From						
 To						
10						
From						
 To						
			· · · · · · · · · · · · · · · · · · ·			
From						
 То						
	(Please Provide Names of Two Professiona					
Name	Address & Phone Nu	ımber	Business	Years Acquainted		
1.						
2.						
3.						
'I CERTIEY THAT TH	HE FACTS CONTAINED IN THIS APPLICATION	ARE TRUE AN	ND COMPLETE TO T	HE BEST OF MY KNOW! EDGE AND		
	T, IF EMPLOYED, FALSIFIED STATEMENTS O					
AUTHORIZE INVES	STIGATION OF ALL STATEMENTS CONTAINE	D HEREIN AND	THE REFERENCES	SLISTED ABOVE TO GIVE YOU ANY		
AND ALL INFORMA	ATION CONCERNING MY PREVIOUS EMPL	OYMENT AND	ANY PERTINENT	INFORMATION THEY MAY HAVE		
PERSONAL OR OT FURNISHING SAME	HERWISE, AND RELEASE ALL PARTIES FF TO YOU.	KOM ALL LIAB	SILITY FOR ANY DA	MMAGE IHAI MAY RESULI FROM		
		NT 10 F05 110	DEELLITE DEDICE	AND MAY DECARD ESS OF THE		
	ID AGREE THAT, IF HIRED, MY EMPLOYMEI OF MY WAGES AND SALARY, BE TERMINAT					

Date

Signature

United Community Action Program Head Star-Early Head Start

Declaration Form for Prospective Employees

Title 10 O.S. Section 404.1 requires all Child Care facilities to obtain a Criminal History Record check on all prospective employees from the Oklahoma State Bureau of Investigation. Such check shall include, but is not limited to:

- All pending and prior criminal arrests and charges related to child sexual abuse and their dispositions;
- Convictions related to other forms of child abuse and/or neglect; and
- All conviction of violent felonies.

The declarations may exclude:

- Any offense, other than any related to child abuse and/or child sexual abuse or violent felonies committed before the prospective employee's 18th birthday, which was finally adjudicated in a juvenile court or under a youth offender law.
- Any conviction for which the record has been expunged under Federal and State law; and
- Any conviction set aside under the Federal Youth Corrections Act or similar State authority.

Note that individuals who declare through their form that they have been arrested, charged, or convicted, are not automatically disqualified from being employed. Each individual case is reviewed to assess the relevance of an arrest, charge, or conviction to regulatory laws, job position, and responsibilities.

Please provide your signature on the appropriate category below:

I HAVE NOT BEEN arrested, charges, and/or make me ineligible for employment in a child car	convicted on one or more criminal offenses which may re facility.
Signature	Date
I HAVE BEEN arrested, charged, and/or convict ineligible for employment in a child care facility.	ed on one or more criminal offenses which may make me
If so, please attach information listing the offens other relevant information.	se(s), the date(s) of arrest, charge, and/or conviction, and
Signature	

IMPORTANT: United Community Action Program Head Start will take the necessary steps to assure the confidentiality of this form.