



Central Tribes of The Shawnee Area, Inc. Employment Application



FOR THE HEAD START JOB APPLICANT: WHAT IS HEAD START?

WHAT WE DO:

Head Start is a **federal program** that promotes the school readiness of children ages birth to 5 from low-income families by enhancing their cognitive, social, and emotional development.

Head Start programs provide a learning environment that supports children's growth in:

- Language & literacy
- Cognitive & general knowledge
- Physical development & health
- Social & emotional development, and
- Approaches to learning.

Head Start programs provide comprehensive services to enrolled children and their families, which include health, nutrition, social, and other services determined to be necessary by family needs assessments, in addition to education and cognitive development services. Head Start services are designed to be responsive to each child and family's ethnic, cultural, and linguistic heritage.

Head Start emphasizes the role of the parents as their child's first and most important teacher. Head Start programs build relationships with families that support:

- Family well-being and positive parent-child relationships
- Family as learners and lifelong educators
- Family engagement in transitions
- Family connections to peers and community, and
- Families as advocates and leaders.

HEAD START SERVICES

Head Start services pre-school-age children and their families. We also provide Early Head Start, which serves infants, toddlers, and their families who have incomes below the federal poverty level

Our Head Start and Early Head Start offers a full year Center based program using an evidenced based curriculum.

Over a million children are served by Head Start programs every year, including children in every U.S. state and territory and in American Indian and Alaskan Native communities. Since 1965, nearly 30 million low-income children and their families have received these comprehensive services to increase their school readiness.

-Grants

The Office of Head Start (OHS), within the Administration of Children and Families of the Department of Health and Human Services, awards grants to public and private agencies on a competitive basis to provide these comprehensive services to specific communities. Head Start grantees provide the services as described in the Head Start Performance Standards and in accordance with the Head Start Act of 2007. The Office of Head Start is responsible for oversight of these grantees, to ensure the performance standards are met and the best quality of care is provided to the enrolled children. In addition, some cities, states and federal programs offer funding to expand Head Start and Early Head Start to additional children within their jurisdiction.



**Central Tribes of The Shawnee Area, Inc.
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Applicant Information

Full Name _____ Today's Date _____
Last First M.I.

Address _____
Street Address Apt/Unit #

_____ *City State Zip Code*

Phone _____ E-Mail _____

Date Available _____ Social Security No. _____

Position Applied for _____

Type of Employment Desired Full-Time _____ Part-Time _____ Sub _____

Are you a citizen of the United States? Yes _____ No _____

If No, are you authorized to work in the U.S.? Yes _____ No _____

Have you ever been previously employed by our organization? Yes _____ No _____
 If yes, when _____

Are you related to anyone working for CTSA? Yes _____ No _____
 If yes, who and what is your relationship? _____

Are you able to meet attendance requirements? Yes _____ No _____

Are you able to meet all the job requirements? Yes _____ No _____

Can you travel if required by this position? Yes _____ No _____

Do you have a current Oklahoma Driver's License? Yes _____ No _____

Are you a current or former parent of Head Start or Early Head Start? Yes _____ No _____

Do you currently have the COVID-19 Vaccination? Yes _____ No _____

How did you hear about us? _____

Why do you want to work for Central Tribes of The Shawnee Area? _____



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Education

High School _____ Address _____

From _____ To _____ Did you graduate? Yes _____ No _____ Diploma _____

College _____ Address _____

From _____ To _____ Did you graduate? Yes _____ No _____ Diploma _____

Other _____ Address _____

From _____ To _____ Did you graduate? Yes _____ No _____ Diploma _____

Child Development Associate Credential (CDA): Yes _____ No _____

Certificate of Mastery in Early Childhood Education: Yes _____ No _____

Family Development Credential: Yes _____ No _____

Associates Degree in Early Childhood Education: Yes _____ No _____

Bachelor Degree in Early Childhood Education: Yes _____ No _____

Are you currently enrolled in Early Childhood curriculum classes? Yes _____ No _____

Do you have any Early Childhood completed classes on your college transcript?

Yes _____ No _____

Please list the title of your degree and degree concentration:

Associates Degree: _____

Concentration or area of study: _____

Bachelor Degree: _____

Concentration or area of study: _____

Master Degree: _____

Concentration or area of study: _____



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References

Please list three references (do not include relatives or previous employers).

Full Name _____ Relationship _____

Company _____ Address _____

Phone Number _____ Years known _____

Full Name _____ Relationship _____

Company _____ Address _____

Phone Number _____ Years known _____

Full Name _____ Relationship _____

Company _____ Address _____

Phone Number _____ Years known _____



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Previous Employment

Company Name _____ **Phone Number** _____

Address _____ **Supervisor** _____

Job Title _____ **Salary \$** _____

Dates of Employment: From _____ **To** _____ **Reason for Leaving** _____

Job responsibilities:

Company Name _____ **Phone Number** _____

Address _____ **Supervisor** _____

Job Title _____ **Salary \$** _____

Dates of Employment: From _____ **To** _____ **Reason for Leaving** _____

Job responsibilities:

Company Name _____ **Phone Number** _____

Address _____ **Supervisor** _____

Job Title _____ **Salary \$** _____

Dates of Employment: From _____ **To** _____ **Reason for Leaving** _____

Job responsibilities:



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Equal Opportunity Employer

CTSA is an Equal Opportunity Employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs are available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Tribal Preference

CTSA is an Equal Opportunity Employer. As a Tribal Head Start Program, we have established and adopted an employment preference policy. When two or more equally qualified candidates, each of whom meets the qualifications or requirements for employment, are available for hire, Tribal Preference takes precedence. The information you provide below is voluntary, and failure to do so will not jeopardize your opportunities with CTSA.

Are you American Indian or Alaskan Native? Yes _____ No _____

If Yes, what is your tribal affiliation? _____

NOTE: To be considered for the above Tribal Preference, you must provide a Certificate of Degree of Indian Blood (CDIB) and/or a tribal membership card.

Disclaimer and Signature

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutes, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specific length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within 3 business days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read fully and understand the forgoing, and that I seek employment under these conditions.

Signature _____ Date _____

Your application status will be retained in active status for one year. If your qualifications meet our needs, we will contact you for further information.



Program name _____ ^{K8}
License number _____

Personnel or Applicant

First name _____ Middle name _____ Last name _____ Social Security number _____

Date of birth _____ All previous names, including aliases and maiden _____

Street address _____ City _____ State _____ ZIP code _____

Mailing address or PO Box _____ City _____ State _____ ZIP code _____

Email _____

Phone number with area code _____ Alternate phone number with area code _____

Education

Do you have a high school diploma, General Education Development (GED) credential, or Licensing approved equivalent? Yes No

When **NO**, are you in the process of obtaining a high school diploma, GED, or Licensing approved equivalent? Yes No

What is the highest grade you have completed: _____

List child care credentials or educational certificates

Expiration date(s)

College

College/university/school _____ Location(s) _____

Degree or credential _____ Major/minor _____ Attendance (MM/YY - MM/YY) _____

_____ K8
 First name Last name License number

 Graduation date Number of completed semester hours if you did not graduate

 College/university/school Location(s)

 Degree or credential Major/minor Attendance (MM/YY - MM/YY)

 Graduation date Number of completed semester hours if you did not graduate

Previous Child Care Employment

Employer name	Address (city, state, zip code)	Phone	Full or part-time	Dates of employment	
				From	To
				From	To
				From	To
				From	To

Personal References

All applicants for all personnel positions: list at least three non-relative references, with at least two of them from your most recent employers, when applicable.

 Name Phone number Relationship

 Mailing address or PO Box City State ZIP code

 Name Phone number Relationship

 Mailing address or PO Box City State ZIP code

First name	Last name	K8 License number	
Name	Phone number	Relationship	
Mailing address or PO Box	City	State	ZIP code

Background Investigation

Are you required to register under the Sex Offenders Registration Act or Maryland Rippa Violent Crime Offenders Registration Act? Yes No

Do you have pending charges, have you entered a plea of guilty or nolo contendere (no contest); or been convicted of any criminal activity involving gross irresponsibility or disregard for the safety of others; violence against an individual; sexual misconduct; child abuse or neglect; animal cruelty; or possession, sale, or distribution of illegal drugs? Yes No

Signature of Personnel or Applicant

I understand by completing this form a background investigation will occur prior to hire. Yes No

I understand my registration on the Child Care Registry (Restricted Registry) may occur when:

- a background investigation reveals a specified criminal history; or Yes No
- an action against a child in care results in a confirmed or substantiated finding of abuse or neglect. Yes No

I certify the information provided on this form is true and complete.

Signature of personnel or applicant _____
Date

Parent's signature when applicant is a minor _____
Date

First name Last name ^{K8} License number

Program Use Only

Complete during hiring process by owner, responsible entity, director, or primary caregiver:

Date Personnel Information form submitted to Licensing: _____

Form must be submitted to Licensing within 2 weeks of employment

Date **Restricted Registry** search completed: _____

Date **three** reference checks **completed**: _____

Date **preliminary** criminal history review results received, when applicable: _____

Date **complete** criminal history review results received: _____

Employment date Position(s) assigned or title

Signature of Owner, Responsible Entity, Director, or Primary Caregiver

I understand giving false or incomplete information may result in denial or revocation of my license.

Signature of owner, responsible entity, director, or primary caregiver Date

Select from the following drop-down list(s) to load the form specific to your request:

Background check request category: Child Care fingerprint based

Type: Child Care employment

What reason were you printed: Child Care

You **must** be fingerprinted prior to completing this form. If you have not been fingerprinted, a complete national fingerprint-based criminal history search cannot be conducted.

TCN# or UE ID _____

Questions?

Contact the Office of Background Investigations:

1-800-347-2276

OBICC@okdhs.org

Applicant Information

First name _____ Middle name _____ N/A _____ Last name _____

Aliases, including maiden: N/A (check box if this section does not apply to the applicant)

First name	Middle name	Last name

Nickname(s) _____

Date of birth _____ Sex _____ Height _____ Weight _____

City and state of birth _____ Social Security number _____

Hair color _____ Eye color _____ Driver's license (DL)# _____ DL state issued _____

Mailing address _____ City _____ State _____ ZIP code _____

Phone _____ FAX _____ Email _____

Program, GAO or THA name

License, GAO or THA number

Requesting Program, General Administrative Office (GAO), or Temporary Hiring Agency (THA)

Program, GAO or THA name

License, GAO or THA number

10/28/2021
Request date

Mailing address

City

State

ZIP code

Phone

FAX

Email

Previous Five Years Residency

List all states you have lived in during the past five (5) years other than Oklahoma.

N/A (check box if this section does not apply to the applicant)

State	Start date	End date

Criminal History

Have you ever been convicted of a crime?

Yes No

If yes, list and briefly describe:

Consent, Understand and Certify

I authorize the program listed above, including the program's GAO, to request and receive:

1. My fingerprint results from the Office of Background Investigations (OBI) for Oklahoma child care purposes per the National Child Protection Act of 1993, as amended by the Volunteers for Children Act (NCPA/VC A); and
2. Any documents submitted to OBI with Form 07LC111E Criminal History Records Dispute Resolution Documents.

I understand:

1. By completing this form a background investigation is conducted;
2. Unsupervised access to children is prohibited until my fingerprint results are received;
3. I may request a copy of my criminal history record information (CHRI), if any, from the program, GAO, or THA;
4. I have the right to dispute the completeness and accuracy of my CHRI and I will receive dispute procedures when provided the CHRI;
5. A final determination, based upon my national CHRI, is not made until I have been given a reasonable time to dispute this information or have declined to do so; however, during this time temporary actions may be taken to protect children;
6. I will be prohibited from association with child care programs when criminal history prohibitions or restrictions are found, unless a criminal history restriction waiver is

Program, GAO or THA name

License, GAO or THA number

requested by the program, and granted by Licensing;

7. The Oklahoma State Bureau of Investigation (OSBI) will retain my fingerprints in the Automated Fingerprint Identification System and will notify OBI of any future Oklahoma criminal arrests through the Record of Arrest and Prosecution (RAP) Back service. OBI notifies any program, GAO, or THA where I am associated;
8. My fingerprints will be used to check the criminal history records of the FBI. The FBI will retain my fingerprints and associated information/biometrics and, while retained, my fingerprints will continue to be compared against other fingerprints submitted to or retained by the FBI.
9. I understand that I have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34. Additional information: <https://www.fbi.gov/about-us/cjis/background-checks>
10. OKDHS will evaluate child abuse and neglect history for Oklahoma and all other states as required and when available as part of a comprehensive review.
11. Registration on the Restricted Registry may occur when a background investigation reveals a specified criminal history or when there is a confirmed or substantiated finding of abuse or neglect against a child in care.

I have reviewed the FBI privacy policy at: <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>.

I certify this form is true and correct.

Applicant signature

Date

Routing

Send completed request by mail to:

OKDHS Office of Background Investigations
P.O. Box 268935
Oklahoma City, OK 73126

Or scan and send the completed request by email to:

OBICC@okdhs.org

or by fax to:

405-522-4167