



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.



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Applicant Information

Full Name _____ Todays 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 _____

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.



Personnel 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) _____

First name Last name K8
License number

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

Name Phone number Relationship

Mailing address or PO Box City State ZIP code

Background Investigation

First name Last name ^{K8}
License number

Are you required to register under the Sex Offenders Registration Act or Mary Rippy 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

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

First name Last name ^{K8}
License number

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



Criminal History Review Request for Programs

This form is used by child care programs, general administrative offices (GAO) for one or more programs and temporary hiring agencies (THA) to request a criminal history review by Licensing Records Office (LRO), including a review for the owner or responsible entity.

Complete sections A and B with appropriate signatures and submit one request per individual to LRO using one of these methods:

- Mail: OKLAHOMA DEPARTMENT OF HUMAN SERVICES
LICENSING RECORDS OFFICE
PO BOX 258834
OKLAHOMA CITY OK 73125-8834
- Fax: (405) 522-4167 • Email: OCCSbackground@okdhs.org

Section A: Program, GAO, or THA Requesting Criminal History Review

Choose one: Program GAO THA New program completing application process

Program, GAO, or THA to receive results License K8#, GAO, or THA number

Mailing: Street address or PO Box City State ZIP code

Phone number including area code Fax number including area code County

Date Child Care Restricted Registry search conducted for this individual: _____
LRO will send complete criminal history review results to the QE's authorized recipient, per Form 07LC112E, Qualified Entity Application and Agreement. However, when the request is for the owner or responsible entity and the program, GAO, or THA is not a QE, the complete results are mailed to the individual for whom results are requested.

LRO is only responsible for conducting a search to determine whether the individual has criminal history prohibitions or restrictions. I understand the program, GAO, or THA determines what employment action the program, GAO, or THA will take based upon the criminal history review results, including whether to request a criminal history restriction waiver. Restriction waivers do not transfer between programs; therefore, prior to association with another program, a new request is required for individuals with criminal history restrictions.

Print name

Owner Responsible entity
 Director Primary caregiver
 Human Resources

Signature of requesting program, GAO, or THA designee Date

Program, GAO, or THA requesting criminal history review

License, GAO, or THA number

Section B: Individual for Whom Criminal History Review is Requested

Last name First name Middle name Social Security number

All previous names, including aliases and maiden, not nicknames Date of birth

Location: Street address City State ZIP code County

Mailing: Street address or PO Box City State ZIP code County

Phone number including area code

In the **LAST** three years, have you lived outside of the United States? Yes No

When **YES**, list other country(ies): _____

When **YES**, foreign country criminal history records must be submitted to LRO.

Are you required to register under the Sex Offenders Registration Act or Mary Rippy 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

Have you previously been fingerprinted for the purpose of child care? Yes No

I am completing this form currently as a(n): (Check all that apply)

- Personnel applicant (potential employee)
- Adult living in the facility
- Other _____
- Owner or responsible entity authorized to obligate the business entity

I will have will not have access to or review of fingerprint results for this program.

Consent, understand, and certify

I authorize the programs listed in Section A including the program's GAO to request and receive:

1. my fingerprint results from the LRO for Oklahoma child care purposes per the National Child Protection Act of 1993, as amended by the Volunteers for Children Act (NCPAVCA); and
2. any documents previously submitted to LRO with Form 07LC111E, Criminal History Records Dispute Resolution Documents.

I understand:

1. unsupervised access to children is prohibited until my fingerprint results are received;
2. I may request a copy of my criminal history record information (CHRI), if any, from the program, GAO, or THA;
3. I have the right to dispute the completeness and accuracy of my CHRI and I will receive dispute procedures when provided the CHRI;
4. 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;
5. 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 requested by the program, and granted by Licensing;
6. the Oklahoma State Bureau of Investigation (OSBI) will retain my fingerprints in the Automated Fingerprint Identification System and will notify LRO of any future Oklahoma criminal arrests through the Record Of Arrest And Prosecution (RAP) Back service. LRO notifies any program, GAO, or THA where I am associated;
7. by completing this form a background investigation is conducted; and
8. my registration on the Child Care Restricted Registry may occur when a background investigation reveals a specified criminal history.

I certify the information provided on this form is true and complete. Further, I authorize the programs listed in Section A including the program's GAO to request and receive results:

Print name of individual for whom results are requested

Signature of individual for whom results are requested

Date