

APPLICATION FOR EMPLOYMENT

**WOONSOCKET HEAD START CHILD DEVELOPMENT ASSOCIATION, INC.
204 WARWICK STREET WOONSOCKET, RI 02895**

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered. You must complete this application in full even if you attach a resume. "Please do not write see resume".

HOW DID YOU LEARN ABOUT US?

<input type="checkbox"/> Newspaper	<input type="checkbox"/> Friend	<input type="checkbox"/> Internet	<input type="checkbox"/> Walk-in
<input type="checkbox"/> Search Consultant	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	

APPLICATION INFORMATION

Name			
Address	City	State	Zip Code
Telephone Number(s)	Home	Cell	
E-mail Address (optional)		Best time to reach you	

EMPLOYMENT DESIRED:

Position applied for _____ (WHSCDA, Inc. will endeavor to make a reasonable accommodation to the known physical and mental limitations of a qualified applicant or employee with a disability unless the accommodation would impose an undue hardship on the operation of the agency.)
Date available to start _____ Salary desired? _____
Have you ever applied to or worked for our company before? Yes ____ No ____
If your answer to the above question is Yes, state when and where you applied and/or worked.

Please list any friends or relatives currently employed by WHSCDA, Inc.

What languages do you speak fluently? _____

Use the space below to describe why you are interested in working for our organization and to list those skills and abilities which you feel particularly qualify you for a position with us. Also include any volunteer experience you may not have previously listed. If you need more space, please continue on a separate sheet.

Are you now or do you expect to be engaged in any other business or employment?

Yes _____ No _____

Are there any days, hours, or months you would be unable or unwilling to work?

Yes _____ No _____ If yes, please specify those days, hours, or months you would be unable or unwilling to work.

Are you a citizen of the U.S., or do you have the right to be employed in the United States? Yes _____ No _____ (If you are hired, you must provide verification of your identity and legal right to work in the U.S. – WHSCDA Inc. is required to use E-Verify to confirm the employment eligibility of all employees).

Woonsocket Head Start Child Development Association, Inc. is an affirmative action/equal opportunity employer which does not discriminate on the basis of any characteristic protected by federal, state or local law, rule, regulation or ordinance. These characteristics include, but are not limited to: age, race, color, religion, sex, marital status, sexual orientation, national origin, veterans' status or disability.

WORK HISTORY
DO NOT REFERENCE YOUR RESUME

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment.

PLEASE GIVE MONTH AND YEAR

Name of Employer _____
Address _____
City, State, Zip _____
Telephone _____
Email _____

Name and Title of Supervisor _____
Dates employed: from _____ to _____
Starting/ending pay start _____ end _____

Title _____ **Reason for leaving** _____

Duties _____

Name of Employer _____
Address _____
City, State, Zip _____
Telephone _____
Email _____

Name and Title of Supervisor _____
Dates employed: from _____ to _____
Starting/ending pay start _____ end _____

Title _____ **Reason for leaving** _____

Duties _____

Name of Employer _____
Address _____
City, State, Zip _____
Telephone _____
Email _____

Name and Title of Supervisor _____
Dates employed: from _____ to _____
Starting/ending pay start _____ end _____

Title _____ **Reason for leaving** _____

Duties _____

Have you ever been convicted of any crime (excluding minor traffic violations) Yes ___ No ___
(A conviction will not necessarily be a bar to employment)

If yes, state the offense, location, date, and disposition. _____

Do you have a valid driver's license? Yes ___ No ___ Which state? ___ Type? _____

Do you have automobile insurance? Yes ___ No ___

EDUCATION

NAME OF SCHOOL	City	State	YEARS COMPLETED			
			9	10	11	12/GED
High School						
College			1	2	3	4
Graduate School/Technical/Trade School/other						
Major			Minor			

COMPUTER SKILLS

Summarize any software packages in which you are proficient, that you believe would be relevant to the position for which you are applying.

Please list three business associates who you have reported to or worked with.

NAME	RELATIONSHIP AND NUMBER OF YEARS ACQUAINTED	PHONE NUMBER

AFFIDAVIT:

The information I have provided in this application (and any resume submitted) is true and complete to the best of my knowledge. I am aware that any omission or falsified information may disqualify me from further consideration for employment and may be considered justification for my immediate dismissal if discovered at a later date.

I understand that this application will remain effective for 90 days and must be renewed in writing, in person, in order for me to be considered for employment.

I hereby authorize WHSCDA to contact any organization or individual listed on this application to investigate my employment history, character, and qualifications.

Signature _____ Date _____

ORGANIZATION USE ONLY:

Interviewed by: _____ Date: _____