## 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. *If an area is asking for information that is on your resume, please make a note of that.* 

HOW DID YOU LEARN ABOUT US?							
☐ Newspaper ☐ Search Consultant	☐ Friend ☐ Relative	☐ Internet ☐ Other	□ Walk-in				
APPLICATION INFORMATION							
Name							
Address	City		State	Zip Code			
Telephone Number(s)	Home		Cell				
E-mail Address (optional)  Best time to reach you							
Position applied for							
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 expersed by the you now or do you expersed by the yes and you expersed by the yes are there any days, hours, or yes No If yes, place.	or months you would be una	able or unwilling to w	vork?	villing to work.			
Are you a citizen of the U.S.	or do you have the right to	he 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**

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 and Title of Supervisor				
Dates employed: from to				
Starting/ending pay start end				
<u> </u>				
Reason for leaving				
Name and Title of Supervisor				
Dates employed: from to				
Starting/ending pay start end				
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Reason for leaving				
Name and Title of Supervisor				
Dates employed: from to				
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	Dates employed: from to Starting/ending pay start end  Reason for leaving  Name and Title of Supervisor  Dates employed: from to Starting/ending pay start end  Reason for leaving  Name and Title of Supervisor  Dates employed: from to Starting/ending pay start end			

Have you ever been convicted of any crime (A conviction will not necessarily be a ba		No_					
If yes, state the offense, location, date, and	disposition.						
Do you have a valid driver's license? Yes		·					
Do you have automobile insurance? Yes No  EDUCATION							
NAME OF SCHOOL City	State		YEAR!	S COMP	LETED		
High School		9	10	11	12/GED		
College		1	2	3	4		
Graduate School/Technical/Trade School	ol/other						
Major			Minor				
COMPUTER SKILLS							
Summarize any software packages in wheth which you are applying.	nich you are proficient, that you belie	eve wou	ld be re	levant to	o the position for		
Please list three business associates who	o you have reported to or worked wi	th.					
NAME	RELATIONSHIP AND NUMBER OF YEARS ACQUAINTED		PHONE NUMBER				
AFFIDAVIT: The information I have provided in this application any omission or falsified information may disqual immediate dismissal if discovered at a later date.  I understand that this application will remain effective	lify me from further consideration for emplo	yment an	d may be	considere	ed justification for my		
employment.  I hereby authorize WHSCDA to contact any organ							
and qualifications.  Signature	Date						
Jigiiatule	Date						

ORGANIZATION USE ONLY:	
Interviewed by:	Date: