



High School Graduate    Yes \_\_\_\_\_ No \_\_\_\_\_ GED \_\_\_\_\_

Name of School	City/State	Course of Studies	Degree/Cert Earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Special Skills**

What skills or special training do you have that are related to the job for which you are applying?  
\_\_\_\_\_  
\_\_\_\_\_

What machines or equipment can you operate that are related to the job for which you are applying?  
\_\_\_\_\_  
\_\_\_\_\_

List any special training or skills you have that will support the program goals of TCHS/ECP.  
\_\_\_\_\_  
\_\_\_\_\_

List any previous experiences working with young children, infants and/or toddlers.  
\_\_\_\_\_  
\_\_\_\_\_

List professional, trade, business or civic activities/offices held *(please exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, sexual orientation, veteran status, age, disability or other protected status)*.  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been **convicted** of any law violation *(except minor traffic violations)* ..... Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give brief details \_\_\_\_\_

*A "yes" answer does not automatically disqualify you from employment, since the nature of the offense, date and the job for which you are applying will be considered*

**Work History**

You may include a resume, but a resume may not substitute for completion of this page.

**Most Recent Employer**

\_\_\_\_\_  
Company Name

from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
reason for leaving

\_\_\_\_\_  
wage

**Next Most Recent Employer**

\_\_\_\_\_  
Company Name

from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
reason for leaving

\_\_\_\_\_  
wage

**Third Most Recent Employer**

\_\_\_\_\_  
Company Name

from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
reason for leaving

\_\_\_\_\_  
wage

Are you currently employed here? Yes \_\_\_\_\_ No \_\_\_\_\_

May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
job title

\_\_\_\_\_  
supervisor

\_\_\_\_\_  
city

state

\_\_\_\_\_  
supervisor's ☎

\_\_\_\_\_  
duties

\_\_\_\_\_

\_\_\_\_\_  
job title

\_\_\_\_\_  
supervisor

\_\_\_\_\_  
city

state

\_\_\_\_\_  
supervisor's ☎

\_\_\_\_\_  
duties

\_\_\_\_\_

\_\_\_\_\_  
job title

\_\_\_\_\_  
supervisor

\_\_\_\_\_  
city

state

\_\_\_\_\_  
supervisor's ☎

\_\_\_\_\_  
duties

\_\_\_\_\_

Have you ever been fired or asked to resign from a job? ..... Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

**References**



For use by Head Start Agencies to comply with 45 CFR Part 1301, Subpart D, Head Start Grants Administration, Personnel Policies, Section 1301.31(c) and (d)

Name of Prospective Employee: \_\_\_\_\_

Federal policies direct Head Start agencies to require all prospective employees to sign a declaration prior to employment which lists:

1. All pending and prior criminal arrest and charges related to child sexual abuse and their dispositions;
2. Convictions related to other forms of child abuse and/or neglect; and
3. All convictions of violent felonies.

The declaration may exclude:

- Any offense, other than any offense related to child abuse and/or child sexual abuse or violent felonies committed before the prospective employees 18<sup>th</sup> 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 or State law; and
- Any conviction set aside under the Federal Youth Corrections Act or similar State authority.

Note that individuals who declare, through this form, that they have been arrested, charged with or convicted of any of the offenses listed above are not automatically disqualified from being hired. Head Start agencies must review each case to assess the relevance of an arrest, charge or conviction to a hiring decision.

Please provide your signature on the appropriate line below:

I **have not been** arrested, charged and/or convicted on one or more the three types of offenses listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
date

I **have been** arrested, charged and/or convicted on one or more of the three types of offenses listed above. *If so, please attach information listing the offense(s), the date(s) of the arrest, charge and/or conviction and other relevant information.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
date

**Important: We will take necessary steps to assure the confidentiality of this form.**



## Authorization for Background Investigation

File # (online users only): \_\_\_\_\_

To Whom It May Concern:

I, \_\_\_\_\_, hereby authorize A-Check America, Inc. and/or its agents to make an independent investigation of my background, which may include my character, general reputation, personal characteristics, and mode of living in connection with an application of employment with \_\_\_\_\_.

The Scope of the report may include information concerning my driving record, civil and criminal court records, credit, worker's compensation record, education, credentials, identity, past addresses, social security number, previous employment and personal references.

I authorize and request any present or former employer, state/federal government office, state department of motor vehicles, credit bureaus, school, police department, court records, including those maintained by both public and private organizations, financial institution or other persons having personal knowledge about me to furnish A-Check America, Inc. with any and all information in their possession regarding me for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorization request.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Print Full Name: \_\_\_\_\_

Print Maiden Name or Other Names Used: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth (for I.D. purposes only): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

A-Check America will need to contact you if additional information is needed to process your Background Investigation. Please provide a telephone/cell phone number and email address where we may contact you.

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### California, Minnesota and Oklahoma Residents Only:

If a consumer background report is ordered, would you like a free copy of the report mailed to your home?

YES  NO

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_