



Head Start Child Development & Family Services, Inc. d/b/a

Pinellas County Head Start/Early Head Start

2210 Tall Pines Drive
 Largo, FL 33771
 Phone Number: 727-547-5979
 Fax Number: 727-535-6013

Date:
Position Applied For:
Date Available:
Minimum Salary:

EMPLOYMENT APPLICATION

Equal Opportunity Employer/Drug Free Workplace

Pinellas County Head Start/Early Head Start Does Not Tolerate Violence in the Workplace

HOW DO WE CONTACT YOU?				
Last Name		First Name		Middle Initial
Social Security Number		Driver's License Number		
Your Mailing Address		Physical Address (If Different)		
City	County	State	Zip	
Home Phone	Business Phone	Alternate Phone		
E-mail Address				

EDUCATION

HIGH SCHOOL:				
Name and Location of School	Received:	Diploma	Other	None
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your Name, If Different While Attending School:

COLLEGE, UNIVERSITY, OR PROFESSIONAL SCHOOL: (Transcripts May Be Required)						
Name of School	Location	Dates of Attendance (Month/Year)		Credit Hours Earned	Major/Minor Course of Study	Type of Degree Earned
		From	To			

Your Name, If Different While Attending School:

JOB-RELATED TRAINING OR COURSEWORK: (Vocational, Trade, Technical, Business, Armed Forces, Etc.)						
Name of School	Location	Dates of Attendance (Month/Year)		Credit Hours Earned	Course of Study	Training Completed (Y/N)
		From	To			

Your Name, If Different While Attending School:

LICENSURE, REGISTRATION, CERTIFICATION: (Examples: Driver License, Teacher Certification, CPA, RN, CNA)

License, Registration or Certification Type	Number	Issue Date	Expiration Date	State Issued By
Driver's License				

EMPLOYMENT HISTORY

Describe your work experience in detail, beginning with your current or most recent job. Include military service and job related volunteer work, if applicable. All information provided in this section must be complete. Resumes may be attached to provide additional information.

Employer #1

Present/Last Employer: _____
Address: _____
Phone: _____ Supervisor's Name: _____
Job Title: _____ Starting Salary: _____ Ending Salary: _____
From: _____ To: _____ Hours Per Week: _____
Duties and Responsibilities: _____

Reason for Leaving: _____

Employer #2

Present/Last Employer: _____
Address: _____
Phone: _____ Supervisor's Name: _____
Job Title: _____ Starting Salary: _____ Ending Salary: _____
From: _____ To: _____ Hours Per Week: _____
Duties and Responsibilities: _____

Reason for Leaving: _____

Employer #3

Present/Last Employer: _____
Address: _____
Phone: _____ Supervisor's Name: _____
Job Title: _____ Starting Salary: _____ Ending Salary: _____
From: _____ To: _____ Hours Per Week: _____
Duties and Responsibilities: _____

Reason for Leaving: _____

CITIZENSHIP

Pinellas County Head Start/Early Head Start hires only U.S. Citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide identification and proof of citizenship or U.S. work authorization.

	Yes	No
Are you a U.S. citizen or are you legally authorized to work in the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>

BACKGROUND

	Yes	No
Have you ever been convicted of a felony or a first degree misdemeanor?	<input type="checkbox"/>	<input type="checkbox"/>

If "Yes" what charges: _____

Where convicted?: _____ Date of Conviction: _____

	Yes	No
Have you ever pled Nolo Contendere or Pled guilty to a crime which is a felony or a first degree misdemeanor?	<input type="checkbox"/>	<input type="checkbox"/>

If "Yes" what charges: _____

Where?: _____ Date: _____

	Yes	No
Have you ever had the adjudication of guilt withheld for a crime which is a felony or a first degree misdemeanor?	<input type="checkbox"/>	<input type="checkbox"/>

If "Yes" what charges: _____

Where?: _____ Date: _____

Note: A "Yes" answer to these questions will not automatically preclude you from employment. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered.

Head Start Child Development & Family Services, Inc. Background

	Yes	No
Are you a current Head Start/Early Head Start Parent?	<input type="checkbox"/>	<input type="checkbox"/>

Are you a former Head Start/Early Head Start Parent?	<input type="checkbox"/>	<input type="checkbox"/>
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To your knowledge, do you have any relatives employed by Pinellas County Head Start/Early Head Start? If "Yes" provide name and department below.	<input type="checkbox"/>	<input type="checkbox"/>
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Have you ever been employed by Pinellas County Head Start/Early Head Start?	<input type="checkbox"/>	<input type="checkbox"/>
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If "yes": Dates: _____ Position: _____

Certification: I am aware that any **omissions, falsifications, misstatements, or misrepresentations above** may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information on my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to human resources staff of Pinellas County Head Start/Early Head Start. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for employment are public records except as exempted above. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are **true, correct, complete, and made in good faith.**

Signature

Date