GCCARD HEAD START
APPLICATION

_____ _____
NAME TELEPHONE NUMBER

_____ _____
ADDRESS CELLULAR PHONE NUMBER

_____ _____
CITY STATE ZIP EMAIL ADDRESS

POSITION APPLYING FOR:_____

PERSONAL DATA:

ARE YOU AT LEAST 18 YEARS OF AGE? ❑ YES ❑ NO

MAY WE CONTACT YOUR CURRENT OR MOST RECENT EMPLOYER? _____

NAME, ADDRESS, & PHONE NUMBER OF PERSON WHO MAY BE CONTACTED IF WE ARE NOT ABLE TO REACH YOU FOR INTERVIEW.

NAME:_____ PHONE:_____

ADDRESS:_____

EDUCATIONAL BACKGROUND:

SCHOOL OR COLLEGE	LOCATION	DATES ATTENDED	COMPLETED DIPLOMA OR DEGREE

SPECIAL SKILLS: (speak a foreign language fluently, etc.)

_____

_____

_____

EMPLOYMENT HISTORY

DATES	FIRM NAME & SUPERVISOR	LOCATION	POSITION
______	______	______	______
______	______	______	______
______	______	______	______
______	______	______	______

REFERRED BY:______________________ AGENCY:______________________

SALARY DESIRED:______________________ WHEN AVAILABLE:______________________

ARE YOU A CURRENT OR PAST PARENT IN THE HEAD START PROGRAM? ❑ YES ❑ NO

ARE YOU A CURRENT OR PAST PARENT IN THE GCCARD HEAD START PROGRAM? ❑ YES ❑ NO

NAME OF CENTER OR HOME BASE:______________________

DATES ATTENDED: FROM MONTH__________ YEAR__________ TO MONTH__________ YEAR__________

HAVE YOU EVER BEEN A VOLUNTEER WITH THE HEAD START PROGRAM? ❑ YES ❑ NO

By signing below, I certify that all answers to questions in the application, and other reference documents cited above are true and complete to the best of my knowledge. I understand that misrepresentation, omission, or falsified statements on this application or any other reference documents in any detail shall constitute sufficient cause for disqualification from further consideration for hire or for dismissal whenever discovered.

PRINT NAME: ______________________ SIGNATURE: ______________________ DATE:__________

❖❖❖

DO NOT WRITE BELOW

DATE EMPLOYED:______________________ AREA ASSIGNED TO:______________________ POSITION______________________

TERMINATION DATE:______________________ REASON FOR LEAVING:______________________

REMARKS:______________________

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PLEASE ATTACH:

A. RESUME` AND TRANSCRIPTS. RESUME` MUST HAVE DATES OF EMPLOYMENT AND THREE PROFESSIONAL REFERENCES.
B. BE SURE YOU LIST ANY VOLUNTEER EXPERIENCE IN THE HEAD START PROGRAM OR WITH ANY OTHER ORGANIZATIONS.

PLEASE NOTE: **TRANSCRIPTS AND RESUME` OR A LETTER OF VERIFICATION OF ACADEMIC CREDENTIALS FROM REGISTRAR'S OFFICE MUST ACCOMPANY APPLICATION OR APPLICATION WILL NOT BE CONSIDERED.**

KW/bmh-revised 2020