



EMPLOYMENT APPLICATION

MERCER COUNTY HEAD START/EARLY HEAD START
HSSAP / PA PRE-K COUNTS
1901 MEMORIAL DRIVE
FARRELL, PA 16121

PHONE: (724) 346-4482

FAX: (724) 346-4431

(Answer All Questions - Please Print Clearly)

POSITION APPLIED FOR: _____ DATE: _____

PERSONAL INFORMATION:

NAME: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ Email address: _____

Phone Number: _____

FEDERAL REGULATION: Are you authorized to work in the United States? Yes No

The Federal Immigration Reform and Control Act require individuals to provide to an employer proof that they are authorized to work in the United States. This proof must be provided to, and verified by MCHS/EHS at the time of hire or no later than three business days after the date of hire.

REFERENCE SOURCE:

News Ad Placement Service MCHS/EHS Employee Relative Friend Other

Please Specify: _____

A personal interview is required of all finalists. You will be notified if an interview is desired. Mercer County Head Start/Early Head Start does not reimburse interview expenses. If selected, the applicant agrees to assume all tasks within limits of what is legal as assigned. This application may be reviewed by Supervisors, Administrators and Board Members.

**For substitutes only, please indicate the hours and days you are available to work.
Program hours vary between: 7:30 A. M. – 4:00 P. M.**

Monday	Tuesday	Wednesday	Thursday	Friday

Mercer County Head Start/Early Head Start will take necessary steps to ensure the confidentiality of this form.

EDUCATION: Do you have a high school diploma or GED certification? Yes No

Choose highest year completed in school from drop down:

Type of School	School Name/Location	Address	Did you graduate?	Degree/Major
High School				
Undergraduate				
Graduate				
Vocational/Technical				

WORK EXPERIENCE: Start with most recent position

NAME OF EMPLOYER: _____
ADDRESS _____
JOB TITLE: _____
SUPERVISOR: _____
WORK PERFORMED:

EMPLOYER'S PHONE: (____) _____
DATES EMPLOYED (Month/Year) From: _____ **To:** _____
Reason for Leaving: _____
 May we contact this employer? Yes No

NAME OF EMPLOYER: _____
ADDRESS _____
JOB TITLE: _____
SUPERVISOR: _____
WORK PERFORMED:

EMPLOYER'S PHONE: (____) _____
DATES EMPLOYED (Month/Year) From: _____ **To:** _____
Reason for Leaving: _____
 May we contact this employer? Yes No

NAME OF EMPLOYER: _____
ADDRESS _____
JOB TITLE: _____
SUPERVISOR: _____
WORK PERFORMED:

EMPLOYER'S PHONE: (____) _____
DATES EMPLOYED (Month/Year) From: _____ **To:** _____
Reason for Leaving: _____
 May we contact this employer? Yes No

REFERENCES:

NAME	ADDRESS	TELEPHONE NUMBER	LENGTH AND TYPE OF RELATIONSHIP

PERSONAL DATA:

SPECIAL SKILLS, EXPERIENCE OR QUALIFICATIONS
<p>In your own handwriting, give whatever personal information you wish that might be helpful in the evaluation of your application. (Attach additional sheet, if needed.) Also attach any additional prepared material, résumé, etc. List any professional or special licenses or certificate(s) you possess.</p>

Are you a current/past Head Start/Early Head Start parent?
If yes, in what program _____

Yes **No**

EQUAL OPPORTUNITY EMPLOYER

MCHS/EHS and Farrell Area School District and the affiliate, Community Action Partnership of Mercer County, equal opportunity employers, complies with provisions of all Federal and State statutes relating to nondiscrimination, such as the Fair Employment Practices Act, Section 504 of the Rehabilitation Act, and Title IX Regulations.

DRUG-FREE WORKPLACE

MCHS/EHS and Farrell Area School District are committed to maintaining a drug-free workplace and strictly complies with the Drug-Free Workplace Act of 1988.

AMERICANS WITH DISABILITIES ACT

MCHS/EHS and Farrell Area School District complies with provisions of the Americans with Disabilities Act of 1990. Reasonable accommodations for the application and interview process will be provided upon request and as required. Disabled persons may contact the Human Resources Department for additional information or assistance.

IMPORTANT

All applicants for employment with public and private schools are required to submit three background checks: Pennsylvania State Police Criminal History Record, Federal Criminal History Record (CHRI) – FBI Report, and Department of Public Welfare Child Abuse Report. Clearance results reports shall be no more than one (1) year old at the time of employment. (Refer to Act 34 and Act 114, as amended, of the Pennsylvania School Code.) This Agency requires prospective employees to submit all three clearance results reports with their employment application. Instructions and forms may be obtained from the Program’s website (www.mchs-ehs.org) or the Human Resources Department.

Section 1418 of the Pennsylvania School Code and Mercer County Head Start/Early Head Start requires a pre-employment examination and evidence of a tuberculosis test within a two month (60 days) period. Before employment, evidence of such examination and testing must be filed in this office. Forms may be obtained from the Human Resources Department.

Have you ever been *convicted of or plead guilty* to any other felonies in or outside of the Commonwealth of Pennsylvania? _____

If so, please give details. _____

AFFIDAVIT

PLEASE READ CAREFULLY BEFORE SIGNING

In consideration of my employment, I agree to conform to the rules and standards of the agency and agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at anytime, either at my option or at the option of the agency. I understand that no employee or representative of the agency other than the Director of this agency has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the Director of this agency may not alter the at-will nature of the employment relationship unless done so specifically and in writing. I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

I authorize Mercer County Head Start/Early Head Start (MCHS/EHS) to seek all information relative to my Application for Employment and candidacy. I further authorize past employers or anyone with information about my history, education and qualifications to provide such information to MCHS/EHS in response to their inquiry. I agree to hold harmless from any liability (suit, claim or other action) anyone supplying such information.

I understand that any statements on this application verified as false may be cause for immediate withdrawal from the application process and should I be employed by MCHS/EHS may be cause for immediate dismissal.

Applicant Signature: _____

Date: _____

**MERCER COUNTY HEAD START/ EARLY HEAD START
DECLARATION FORM FOR PROSPECTIVE HEAD START EMPLOYEES**

Name of Prospective Employee: _____

Federal Policies (45 CFR Part 1301, Subpart D, Head Start Grants Administration, Personnel Policies, Section 1301.31 (c) and (d), demand that Head Start Agencies require all prospective employees to sign a declaration prior to employment which lists:

- (1) All pending and prior criminal arrests and charges related to child sexual abuse and their disposition;
- (2) Convictions related to other forms of child abuse and/or neglect; and
- (3) All convictions of violent felonies.

You may exclude:

- Any offense, other than any offense related to child abuse and/or child sexual abuse or violent felonies committed before your 18th 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;
- Any conviction set aside under the federal youth corrections Act or similar State authority.

Please provide your signature on the appropriate category line below:

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

Signature or 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 relevant information.

Signature Date

NOTE: All prospective employees must submit three background checks: Pennsylvania State Police Criminal History Record, Federal Criminal History Record (CHRI) – FBI Report, and Department of Public Welfare Child Abuse Report. Clearance results reports shall be no more than one (1) year old at the time of employment. (Refer to Act 34 and Act 114, as amended, of the Pennsylvania School Code.) This Agency requires applicants to submit all three clearance results reports with their employment applications. Instructions and forms may be obtained from the Human Resources Department.

**MERCER CO. HEAD START / EARLY HEAD START
PA PRE-K COUNTS
1901 MEMORIAL DRIVE * FARRELL, PA. 16121**

APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during their employment without regard to their race, color, creed, religion, sex, national origin, age, marital status, sexual orientation, military status or any on-the-job-related handicap or medical condition.

As an employer taking affirmative action to ensure the removal of any possible past discrimination, and to help comply with governmental record-keeping requirements, we would appreciate your completing this form. However, **COMPLETION OF THIS FORM IS STRICTLY VOLUNTARY**. This data will be physically separated from the remainder of your job application before the application is considered for possible employment. This information will be kept in a confidential file, **WITHOUT YOUR NAME ON IT, SEPARATE FROM YOUR APPLICATION FOR EMPLOYMENT**.

Date: _____ Position applied for: _____

Referral source: _____ Newspaper advertisement _____ Website
 _____ Relative or friend employed by this _____ other

If other please explain: _____

Sex: (Check one) _____ Male _____ Female

Race/Ethnicity: Please check one of the descriptions below corresponding to the ethnic group with which you most identify.

	Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
	White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
	Black or African American (not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.
	Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
	Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example Cambodia, China, India, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
	American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
	Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above races.

Check any that apply:

_____ Vietnam Era Veteran _____ Disabled Veteran _____ Handicapped person