



P. O. Box 594 ♦ 1170 Pleasant Hill Church Road ♦ Lucedale, MS 39452  
 Phone 601.947.8219 ♦ Fax 601.947.8223  
[srea@att.net](mailto:srea@att.net)

## EMPLOYMENT APPLICATION

**You must complete an application even if you will be attaching a résumé.**

(Separate application required for each position. Photocopies of completed applications are acceptable.)

Job Title/Position: \_\_\_\_\_  
 (Do not leave blank)

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date available to begin employment: \_\_\_\_\_  
 Have you ever been employed by Head Start of SREA, Inc.? .....  Yes  No  
 Are you a current Head Start of SREA, Inc. parent?.....  Yes  No  
 Are you related to a current board member of SREA, Inc. Head Start? ....  Yes  No

If yes, provide name of relative: \_\_\_\_\_

How did you hear about the position?  Newspaper  Word of Mouth  
 Are you interested in  Full Time  Part Time  Full or Part Time  On-call?

### SPECIAL SKILLS

Do you have any of the following licenses or certifications?  
 Commercial Driver's License .....  Yes  No  
 CPR/First Aid.....  Yes  No  
 Food Handler's Card .....  Yes  No  
 Child Care Division/Criminal History Registry.....  Yes  No

Please list any other licenses or certificates: \_\_\_\_\_

Do you speak a foreign language? .....  Yes  No

If yes, specify language(s): \_\_\_\_\_ Proficiency Level:  Beginner  Intermediate  Advanced

### COMPUTER SKILLS

Please mark the following skills you possess and the program or software version.  
 Word Processing \_\_\_\_\_  Keyboarding (words per minute) \_\_\_\_\_  
 Data Base \_\_\_\_\_  Email  Beg.  Int.  Adv.  
 Spreadsheet \_\_\_\_\_  Internet  Beg.  Int.  Adv.

Please list any other computer skills: \_\_\_\_\_

**EDUCATION**

Do you have a high school diploma or GED certificate?.....  Yes  No  
 Circle highest year of school completed: 9 10 11 12 13 14 15 16 17 18

List Colleges, Nursing, Military Trades, Business or other schools attended. List enough education to meet the requirements of the position you are applying for. Transcripts and/or diplomas may be required for some positions. (Teacher applications require transcripts.)

Name & Location of School	Course of Study	Credits Earned	Dates Attended	Did you Graduate?	Degree

**WORK EXPERIENCE (CURRENT OR LAST EMPLOYER)**

NAME OF EMPLOYER:		SUPERVISOR'S NAME & PHONE:	
EMPLOYER ADDRESS:	BEGINNING HOURLY RATE:	ENDING HOURLY RATE:	
	FROM: (MONTH & YEAR)	TO: (MONTH & YEAR)	
EMPLOYER PHONE NUMBER:			
YOUR TITLE:	TOTAL TIME: (YEARS & MONTHS)	HOURS PER WEEK:	

YOUR DUTIES: \_\_\_\_\_  
 \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

NAME OF EMPLOYER:		SUPERVISOR'S NAME & PHONE:	
EMPLOYER ADDRESS:	BEGINNING HOURLY RATE:	ENDING HOURLY RATE:	
	FROM: (MONTH & YEAR)	TO: (MONTH & YEAR)	
EMPLOYER PHONE NUMBER:			
YOUR TITLE:	TOTAL TIME: (YEARS & MONTHS)	HOURS PER WEEK:	

YOUR DUTIES: \_\_\_\_\_  
 \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**WORK EXPERIENCE (CONTINUED)**

NAME OF EMPLOYER:	SUPERVISOR'S NAME & PHONE:		
EMPLOYER ADDRESS:	BEGINNING HOURLY RATE:	ENDING HOURLY RATE:	
	FROM: (MONTH & YEAR)	TO: (MONTH & YEAR)	
EMPLOYER PHONE NUMBER:	TOTAL TIME: (YEARS & MONTHS)		HOURS PER WEEK:
YOUR TITLE:			

YOUR DUTIES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**PERSONAL REFERENCES**

Please list at least three references other than family members or domestic partners who have first-hand knowledge of your ability, character, and personality. Complete this section even if you are including a résumé.

Name	Relationship	Phone Number

**ADDITIONAL INFORMATION**

Explain your expectation of working for a non-profit agency and also please provide any additional information you wish to include in your application.

\_\_\_\_\_  
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**AN EQUAL OPPORTUNITY EMPLOYER**

Singing River Educational Association, Inc. is an equal opportunity employer. Our agency does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status, physical or mental disability, arrest record or any other protected classification.

1. I understand that documentation of employment eligibility for compliance with the U.S. Immigration Control and Reform Act is required at the time of hire.
2. I understand that enrollment in the Child Care Division—Criminal History Registry is required at the time of hire and must be renewed every five years.
3. I understand that employment with SREA, Inc. is contingent upon final approval by the Policy Council and Governing Board.
4. I certify that the information contained in this application is correct to the best of my knowledge. I understand that falsifications and/or omissions in any detail are grounds for disqualification from consideration for employment or, if hired, dismissal from employment.

\_\_\_\_\_  
 SIGNATURE OF APPLICANT

\_\_\_\_\_  
 DATE

I understand that consideration for employment is contingent of the results of a reference and background check. I authorize SREA, Inc. to investigate the truthfulness of all statements made on this application and to contact my former employers, other listed references, or any other persons who can verify information.

I further authorize SREA, Inc. to discuss the results of any investigation with all their employees whom are involved in the hiring process. I further authorize all contacted persons and former employers to provide information concerning this application, past work experience, my background, and suitability for employment and I release each such persons and former employers from liability for providing such information.

\_\_\_\_\_  
 SIGNATURE OF APPLICANT

\_\_\_\_\_  
 DATE

# DECLARATION FORM FOR PROSPECTIVE EMPLOYEES

**For use by Head Start Agencies and residential child care facilities to comply with 45 CFR Part 1301, Subpart D, Head Start Grants Administration, Personnel Policies, §1301.31(c) and (d) and meet licensing requirements for a residential child care facility.**

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

1. All pending and prior criminal convictions 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

## **Criminal Record Check:**

The below named employee grants permission for SREA to perform a criminal record check (Nationwide) and a Child Abuse Registry Check at his/her present and/or former place of residence, for the past five (5) years. Character references will also be a part of the record check.

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 employee's 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; and
- Any conviction set aside under the federal Youth Corrections Act or similar State authority.

NOTE: 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 print your name on the line, mark the appropriate box, and sign below:**

I, \_\_\_\_\_  HAVE  HAVE NOT  
been arrested, charged, and/or convicted of one or more of the three types of offenses listed above.

If you have, please attach information listing the offense(s), the date(s) of the arrest(s), charge(s), and/or conviction(s), and other relevant information.

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**