



Lowndes County BOE Head Start
107 W Lafayette Street
P.O. Box 158
Hayneville, Alabama 36040
Phone: 334.548.2145
Fax: 334.548.2021

Employment Application

Shaping The Future and Getting Ready for School
One Triangle, Square and Circle at a Time.

Applicant Information

Name: _____ Date: _____
Last First Middle

Address: _____
Street Address Apartment/Unit#

City: _____ State: _____ Zip: _____

Phone #: _____ E-Mail Address: _____

Date Available: _____ Social Security #: _____ Desired Salary: _____

Position Applied for: _____

Are you a citizen of the United States? Yes No If no, are you authorized to work in the U.S.? Yes No

Have you ever worked for this company? Yes No If yes, when? _____

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

Education

High School: _____ Address: _____
From: _____ To: _____ Did you graduate? Yes No Degree: _____

College: _____ Address: _____
From: _____ To: _____ Did you graduate? Yes No Degree: _____

Other: _____ Address: _____
From: _____ To: _____ Did you graduate? Yes No Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____

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Company: _____ Phone: _____

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Company: _____ Phone: _____

Written Response

Describe strengths and weakness in relation to the desired position:

Indicate why you have chosen to apply for this position with the Lowndes County BOE Head Start?

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: _____ Ending Salary: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous employer for a reference? Yes No

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: _____ Ending Salary: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous employer for a reference? Yes No

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: _____ Ending Salary: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous employer for a reference? Yes No

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, please explain: _____

Authorization and Signature

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character, and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the company unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The company retains the right to revise its policies or procedures, in whole or in part, at any time.

Signature: _____ Date: _____