

# Employment Application

Use the TAB key to navigate this form



Date:

Name:

Mailing Address:

City:

State:

Zip Code:

Home Phone:

Cell Phone:

E-mail:

Position Applied for:

Date Available:

Northwest Montana Head Start  
 79 7th Ave East North  
 Kalispell, MT  
 59901  
 Phone: 406-752-7011  
 Fax: 406-755-1916  
[www.nwmtheadstart.org](http://www.nwmtheadstart.org)  
*equal opportunity employer and provider*

**A criminal record or conviction will NOT automatically bar employment but will be considered only as it reasonably relates to your fitness to perform in this position.**

Have you been convicted of any felonies during the last 7 years?  Yes  No

If yes, please explain

Are you able to perform the essential functions of this job with reasonable accommodations?  Yes  No

## Education

Type of School	Name of School and City/State	Your Degree (AA, BA)	Your Major
High School			
College			
College			
Other			

List any scholarships, academic honors, awards, or special achievements.

Do you have a current First Aid card?  Yes  No      Do you have a current CPR card?  Yes  No

Do you have Serv-Safe certification?  Yes  No

Do you have a current CDA (Child Development Associate) certificate?  Yes  No

Do you have a current CDL (Commercial Driver's License)?  Yes  No

If yes, what endorsements?

**Continue to next page**

# Previous Employment (list up to 3)

**1.**

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact this employer?  Yes

No

**2.**

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact this employer?  Yes

No

**Continue to next page**

### 3.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact this employer?  Yes

No

Skills:

Typing words per minute:

Computer:  PC  MAC  Both

Computer Software Knowledge:

Other Skills:

Please list 3 references who can attest to your job-related abilities

Name			
Position			
Company			
Phone Number			

Use this space to add any additional information necessary to describe your full qualifications for this position :

Do you have any experience with Head Start?

Parent    Staff    Practicum Student    Volunteer

If yes, what area of the program?

Bus    Office    Family Services    Classroom    Kitchen

## For Teacher Advocate and Teacher Aide applicants only:

What age children have you worked with?

Have you ever been involved with or implemented developmentally appropriate curriculum?    Yes    No

Please list any additional experience you have with young children, such as volunteering, child care, family, etc.

Is there any additional information you would like us to know about you?

*Teacher Advocate, Teacher Aide, and Management applicants, please include a copy of your **college transcript**.*

By checking this box, I certify the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information may result in denial of employment or discharge. I authorize the references listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.