



Alpha Kappa Alpha Head Start Program

620 West Madison Avenue • El Cajon, CA 92020

Phone (619) 444-0503 • Fax: (619) 444-5668

www.akaheadstart.org

APPLICATION FOR EMPLOYMENT

JOB INTEREST	TODAY'S DATE			I AM AVAILABLE FOR:	<input type="checkbox"/> Full-Time Employment <input type="checkbox"/> Part-Time Employment <input type="checkbox"/> Temporary Employment																																																										
	MO.	DAY	YEAR																																																												
	INSTRUCTIONS: READ CAREFULLY – ANSWER ALL QUESTIONS. IT IS IN YOUR BEST INTEREST TO MAKE A COMPLETE AND UP-TO-DATE STATEMENT OF YOUR PERSONAL HISTORY AND QUALIFICATIONS. ANY FALSE STATEMENT OR ANSWER MAY BE CAUSE FOR REJECTION OR FOR DISCHARGE AFTER APPOINTMENT. PLEASE PRINT IN INK OR USE TYPEWRITER.																																																														
	POSITION APPLIED FOR:				JOB CODE:		SOCIAL SECURITY NUMBER																																																								
PERSONAL	<input type="checkbox"/> Mr. NAME: LAST <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.			FIRST		MIDDLE																																																									
	PRESENT ADDRESS: NUMBER – STREET - APT. NO.						HOME TELEPHONE																																																								
							Area	Number																																																							
	CITY			STATE		ZIP CODE		CELL PHONE																																																							
							Area	Number																																																							
	MAILING ADDRESS (If different from above)						ARE YOU:																																																								
							Over 18 years old? YES <input type="checkbox"/> NO <input type="checkbox"/>																																																								
	Email Address:						ARE YOU:																																																								
							Head Start Parent? YES <input type="checkbox"/> NO <input type="checkbox"/>																																																								
	HAVE YOU EVER WORKED FOR ALPHA KAPPA ALPHA HEAD START? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(Prior work experience and the circumstances related to your leaving AKA will be a factor in determining if you are rehirable)</small>				IF YES, GIVE DATES & TITLE OF POSITION:																																																										
DO YOU HAVE ANY RELATIVES WORKING FOR AKA? Yes <input type="checkbox"/> No <input type="checkbox"/>				IF YES, Name & RELATIONSHIP:																																																											
Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes <input type="checkbox"/> No <input type="checkbox"/>				If yes, state nature of the crime(s), when and where convicted and disposition of the case.																																																											
CERTIFICATION/ SKILLS	LIST YOUR DRIVER'S LICENSE NUMBER AND OTHER LICENSES/CERTIFICATES REQUIRED BY THE JOB ANNOUNCEMENT:																																																														
	LANGUAGES OTHER THAN ENGLISH: Please note your knowledge of any foreign languages and indicate your level of competence in each by placing an "X" in the appropriate column																																																														
	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">LANGUAGE(S)</th> <th colspan="3">Reading</th> <th colspan="3">Speaking</th> <th colspan="3">Understanding</th> <th colspan="3">Writing</th> </tr> <tr> <th>Fluent</th> <th>Good</th> <th>Fair</th> <th>Fluent</th> <th>Good</th> <th>Fair</th> <th>Fluent</th> <th>Good</th> <th>Fair</th> <th>Fluent</th> <th>Good</th> <th>Fair</th> </tr> </thead> <tbody> <tr> <td> </td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td> </td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </tbody> </table>													LANGUAGE(S)	Reading			Speaking			Understanding			Writing			Fluent	Good	Fair	Fluent	Good	Fair	Fluent	Good	Fair	Fluent	Good	Fair		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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REFERENCES	GIVE NAME, TELEPHONE NUMBER, E-MAIL ADDRESS OF THREE (3) PROFESSIONAL REFERENCES:																																																														
EDUCATION	High School	Name and Address			No. of years completed		Did you graduate? What year?			Diploma or GED Certificate																																																					
							Yes <input type="checkbox"/> No <input type="checkbox"/>																																																								
	NAME & LOCATION OF COLLEGES OR VOCATIONAL AND/OR BUSINESS SCHOOLS ATTENDED																																																														
			DATES ATTENDED		CREDITS COMPLETED Sem./Qtr. Units		MAJOR SUBJECT OR COURSE		UNITS COMPLETE IN MAJOR		DEGREE/ CERTIFICATE																																																				
			from:																																																												
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Equal Opportunity Employer

It is the policy and practice of Alpha Kappa Alpha Head Start to select and promote employees based on their qualifications and ability to do the job without regard to sex, actual or perceived sexual orientation, race, color, religious creed, national origin, physical disability/ mental disability, medical condition, age, pregnancy and marital status.

(NOTE: This application should be completed **even though a resume is attached** – the application is frequently used as a preliminary screening device.)

Read the experience requirements in the job announcement before completing this section. Begin with your most recent job. List all jobs, and any periods of unemployment, in the last ten years. Also, list any jobs you held more than ten years ago, which relate to the duties of the job for which you are applying. Also, list any volunteer experience, which relates to the job for which you are applying. Attach additional sheets if necessary. This application is not a contract of employment. Any individual may voluntarily leave employment upon proper notice and may be terminated by the agency at any time for any reason. Any oral or written statements or promises to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

EXPERIENCE:

Name of present or last employer:	Your Title: _____ Supervisor Name & E-mail: _____	
Address: _____	Your Duties: _____	
Phone Number: _____ Fax Number: _____		
Dates: from _____ to _____		
Salary: _____ Hrs./wk. _____		
Reason for leaving:		
Name of employer:	Your Title: _____ Supervisor Name & E-mail: _____	
Address: _____	Your Duties: _____	
Phone Number: _____ Fax Number: _____		
Dates: from _____ to _____		
Salary: _____ Hrs./wk. _____		
Reason for leaving:		
Name of employer:	Your Title: _____ Supervisor Name & E-mail: _____	
Address: _____	Your Duties: _____	
Phone Number: _____ Fax Number: _____		
Dates: from _____ to _____		
Salary: _____ Hrs./wk. _____		
Reason for leaving:		
I certify that all information provided is true to the best of my knowledge	DO NOT WRITE HERE	
	Approved by:	_____
	Rejected by:	_____
	Date:	_____
Signature of Applicant	Reason:	_____
Date		

ANY ADDITIONAL MATERIALS SUBMITTED WITH YOUR APPLICATION BECOME THE PROPERTY OF AKA AND WILL NOT BE RETURNED. PLEASE MAKE SURE YOU KEEP A COPY OF ALL DOCUMENTS SUBMITTED (EXCEPT OFFICIAL TRANSCRIPTS) FOR YOUR RECORDS.



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Human Resources Department

Chairperson
Diane Ritchey-
Andrews

Executive Director
Norma Johnson

AUTHORIZATION FOR RELEASE OF INFORMATION

I _____ Social Security Number _____
(Please Print Name)

hereby authorize Alpha Kappa Alpha Head Start to thoroughly investigate my reference, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the agency any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the agency, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Date

Applicant's Signature

APPLICATION SURVEY FORM

Alpha Kappa Alpha Head Start Program, Inc. is an equal opportunity employer. We must demonstrate that we meet equal employment opportunity requirements by reporting statistical information about applicants. The confidential information requested below is necessary for our reporting requirements. This information will be kept separate from other papers and will not be used in any way to make employment decisions. Your participation is voluntary and would be greatly appreciated.

Position applied for _____

Please check the appropriate box:

- Female Male Physical/Mental/Medical Conditions

Race or Ethnic Group

1. Hispanic: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
2. Black or African American (not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.
3. White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
4. 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.
5. 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, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
6. 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.
7. Two or More Races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

Referral Source

- Head Start Parent Volunteer
- Newspaper, magazine Community organization _____
- Employment agency _____ Personal referral, another employee

Immigration Information

If offered employment, you will be required to complete an employment eligibility verification form and submit documents verifying your identity and your right to work in the United States. Documents that establish both requirements include one of the following:

- U.S. Passport
 - Unexpired foreign passport with attached employment authorization
 - Certificate of Citizenship
 - Resident alien card
 - Certificate of naturalization
- Otherwise, you must provide one document of the following to establish your employment authorizations:
- Social Security card
 - United States birth certificate
 - Unexpired INS employment authorization

And one of the following to establish your identity:

- State issued Driver's License or ID Card with a photograph or other identifying information
- United States Military Card