



**Head Start of Eastern Orange County, Inc.**  
 49 Gidney Avenue  
 Newburgh, NY 12550

Phone:(845) 562-0380  
 Fax:(845) 562-5219

## Employment Application

HSEOC considers applicants without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, other legally protected sexual orientation, or status. We are an Equal Opportunity Employer and Service Provider.

**PLEASE PRINT OR TYPE**

Position/Type of Work Desired:	Today's Date:	
Name:		
Residence Address	How long at this address?	
Mailing Address	e-mail Address	
Telephone #:	Other Contact or Tel #: (optional)	
Birth Date (optional) You must be 18 yrs of age to care for children independently.	If applies, your salary requirements:	

Please answer Yes or No to the following questions.	Yes	No		Yes	No
If you are under 18 years of age can you provide required proof of eligibility to work?			Are you currently employed?		
Have you ever filed an application with us before?			Are you currently on lay-off status?		
Are you a Citizen of the United States? If No, can you legally work here?			Have you ever been convicted of a crime? (You must declare all convictions and/or pending charges)		
If you receive an employment offer, how many days notice would you require before starting?			Please Explain:  The above question complies with NYS and Federal law. Declaration of convictions or pending charges does not necessarily exclude employment. Use Back of Form if Needed.		

### EDUCATION

	Name of School	Location	Major Courses	Attended From	To	Date Graduated	Degree
High School GED							
Trade or Business							
College							
College							



**U.S. MILITARY SERVICE**

From (date)	To (date)	Branch	Rank	Major Duty	Type of Discharge

**GENERAL INFORMATION (Optional)**

Please list any school activities, offices, etc. which brought you special honors. State other training experience that will be of value for the position you seek. Describe hobbies, special interests, awards, activities, community participation or volunteer work, etc. **Include other languages you speak. This information is strongly considered when candidates have similar education and work experiences.**

**PERSONAL REFERENCES (Mandatory Information)**

This section **must be completed and will be verified**. One reference must be your current or most recent employer. Do not include persons related to you. **Provide three references.**

<b>1</b>	<p>Name: _____ Business or Occupation: _____</p> <p>Address (Street, City, State, Zip)</p> <p>Telephone: _____ Other Contact #: _____</p>
<b>2</b>	<p>Name: _____ Business or Occupation: _____</p> <p>Address (Street, City, State, Zip)</p> <p>Telephone: _____ Other Contact #: _____</p>
<b>3</b>	<p>Name: _____ Business or Occupation: _____</p> <p>Address (Street, City, State, Zip)</p> <p>Telephone: _____ Other Contact #: _____</p>

**PHYSICAL REQUIREMENTS**

The following activities may be required in the performance of the job you are applying for. You must indicate Yes or No for all activities.

Activity (Physical Requirement)	Yes	No	Activity (Physical Requirement)	Yes	No
Quick, stable mental ability because mental abilities affect physical abilities. Must be able to stay awake and alert throughout the day.			Able to hear children at both active and passive times and be able to discriminate sound differences ie: child crying, moaning, wheezing, etc.		
The ability to react positively to stress			Able to smell odors: gas, smoke, child needing changing, etc		
Able to lift 40 - 50 lbs without hurting self			Must be able to manage and care for a child who has had a bathroom accident or who has vomited		
Able to push / pull 100 lbs			If needed, must be able to sweep or mop floors & bathrooms		
Able to bend over and tie shoes and pick up small objects. (Fine Motor Skills)			Must have physical & tuberculin test bi-annually and other physician approval to return to work if necessary		
Agile enough to participate in all children's activities			Must dress so that one can perform these duties		
Able to sit on floor and get up often			Must practice good hygiene daily		
Able to take walks around city blocks escorting children			Able to inform supervisor about all medications being taken		
Able to see a child across the farthest point in the classroom or on the playground			Must have the ability to exercise with children, including frequent bending, stooping and crawling		
If you are unable to perform these activities, please explain:					

**Authorization to Obtain Reference Information**

I authorize any person, agency or former employer listed on my employment application to disclose to **Head Start of Eastern Orange County, Inc.** any information or records concerning my employment or history. I release any person, agency or employer who provides information pursuant to this authorization from any liability and I waive any claim based upon the release of such information or record.

Please Initial

**Applicant Statement**

I certify that the answers and information given on this application are true and complete to the best of my knowledge. I authorize the investigation of all statements made for employment as necessary in arriving at an employment decision.

Please Initial

I understand and acknowledge that, unless otherwise defined by law, any employment relationship with this organization is of an "at will" nature, which means the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. This does not negate the Employee right to grieve any employment decision, nor negate the role of Policy Council in Personnel decision making.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I understand I will be required to be fingerprinted for a criminal background check. NYS Office of Children and Family Services has the right to have this program deny employment to an individual based on their findings. This information is confidential and not shared with Head Start.

By initialing each box and signing below, I acknowledge I have read and understand the above information and **Applicant's Statement** and have provided accurate and truthful information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

rev may 2011