

**AVOYELLES HEAD START & EARLY HEAD START  
EMPLOYMENT APPLICATION**

Please complete the entire application to be considered for employment.

1. **Employer:** Avoyelles Child Development Services, Inc.  
Address: P. O. Box 153, Moreauville, LA 71355  
Phone: 318-985-2154

It is the policy of Avoyelles Child Development Services, Inc. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, age, sexual orientation, or disability.

**2. Applicant Information:**

Applicant Full Legal Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Phone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

3. Job Position Applied For: \_\_\_\_\_

4. Are you at least 18 years old?     Yes             No

5. If offered employment when would you be available to begin work? \_\_\_\_\_

6. If hired, are you willing to submit proof that you are legally eligible for employment in the United States?  
 Yes     No

7. Have you ever been convicted of a crime?  Yes  No  
Are you willing to undergo a Criminal Background Check?  Yes  No

8. Are you able to perform the essential functions of the job position you are seeking with or without reasonable accommodation?  Yes     No  
What reasonable accommodation, if any, would you request? \_\_\_\_\_

**9. Applicant's Skills:**

List Skills:	Ability Rating: (Rate 1 through 5, with 5 highest level)
_____	_____
_____	_____

**10. Applicant Employment History: (List most recent to previous)**

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

**11. Applicant's Education and Training:**

College/University/Technical School – Name and Address \_\_\_\_\_

Did you receive a degree? \_\_\_\_ Yes \_\_\_\_ No

If yes, degree received: \_\_\_\_\_ In what field: \_\_\_\_\_

High School or GED:

Did you receive a diploma? \_\_\_\_ Yes \_\_\_\_ No

Other Training (technical, vocational): \_\_\_\_\_

Please list any professional licenses or certifications that you hold. \_\_\_\_\_

**12. References:**

List any three (3) Non-Related persons who would be willing to provide a reference for you.

(1) Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

(2) Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

(3) Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Are you directly related to any Avoyelles Child Development Services, Inc. Board Member?

\_\_\_\_ Yes \_\_\_\_ No If yes, name of Board Member/Relationship: \_\_\_\_\_

## APPLICANT'S CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that proving false or misleading information will be the basis for rejection of my application, or if employed I would be immediately terminated.

I authorize Avoyelles Child Development Services, Inc. to contact former employers and educational organizations to communicate information fully and freely regarding my previous employment, attendance, and education.

If I am hired, I understand that the employment relationship will be "At-Will." In other words, the relationship will be entirely voluntary in nature, and either I or Avoyelles Child Development Services, Inc. will be able to terminate the employment relationship at any time.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION. I UNDERSTAND AND AGREE TO ITS TERMS.

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APPLICANT SIGNATURE

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DATE