



Employment Application

Please answer each of the questions as thoroughly as possible. For employment consideration, application must be completed in entirety, consistent with your background.

Riverbend Head Start and Family Services is an equal opportunity employer. Riverbend Head Start and Family Services is committed to a policy of equal treatment and nondiscrimination. All Agency employees and applicants for employment are safeguarded from discrimination on the basis of gender expression, gender identity and sexual orientation (real or perceived), parental status, political affiliation, race, color, religion, sex, pregnancy, age, national origin, mental or physical disability, veteran status, marital status, genetic information (including family medical history), or any other characteristic protected by federal, state or local laws.

NOTE: Asterisks (*) indicate required fields.

Personal Information:

***Job Title of Interest:** _____

***First (Full) Name:** _____

***Middle Name:** _____

***Last Name:** _____

Was work or educational experience obtained under another name? Yes ___ No ___

If yes, please indicate name: _____

***Address:** _____

***City:** _____ ***State:** _____ ***Zip Code:** _____

***Home Phone:** _____ ***Work Phone:** _____

Best time to reach you: _____ **E-mail address:** _____

Best method to reach you (phone call, text, email): _____

***Are you 19 years or older? Yes ___ No ___**

***Are you at least 21 years of age or older? Yes ___ No ___**

***Are you a U.S. citizen, or can you provide verification of your legal right to work in the U.S.? (Proof of U.S. citizenship or immigration status will be required upon employment.)**

Yes ___ No ___

***Which of the following employment status(s) are you interested in working?**

Full-Time ___ Part-Time ___ Contingent ___ Temporary ___

***What hours are you available to work daily?**

***Which days of the week are you available to work?**

Sun. ___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri. ___ Sat. ___

Education:

***Do you have a High School Diploma or GED? Yes ___ No ___**

***If you have education or training beyond High School, please complete the following information:**

1. School/City/State: _____

Degree received: _____

Course of study (major/minor): _____

2. School/City/State: _____

Degree received: _____

Course of study (major/minor): _____

3. School/City/State: _____

Degree received: _____

Course of study (major/minor): _____

Professional Licenses/Certificates:

1. Type: _____

License/Certificate Registration Number: _____

State Issued: _____

Expires: _____

2. Type: _____

License/Certificate Registration Number: _____

State Issued: _____

Expires: _____

Foreign Language Skills: Language(s) _____

Read ___ Write ___ Speak ___

Work History:

***Indicate all work experience below beginning with your CURRENT or MOST RECENT position.**

1. Employer: _____
City: _____ State: _____ Phone: _____
From (mm/yyyy): _____ To (mm/yyyy): _____
Job Title: _____
Average Hours Per Week: _____ Employment Status: _____
Supervisor's Name (first and last) and Title: _____
Duties: _____
May we contact this employer? Yes ___ No ___

2. Employer: _____
City: _____ State: _____ Phone: _____
From (mm/yyyy): _____ To (mm/yyyy): _____
Job Title: _____
Average Hours Per Week: _____ Employment Status: _____
Supervisor's Name (first and last) and Title: _____
Duties: _____
May we contact this employer? Yes ___ No ___

3. Employer: _____
City: _____ State: _____ Phone: _____
From (mm/yyyy): _____ To (mm/yyyy): _____
Job Title: _____
Average Hours Per Week: _____ Employment Status: _____
Supervisor's Name (first and last) and Title: _____
Duties: _____
May we contact this employer? Yes ___ No ___

Additional Information:

Please list if you have any other experience that is relevant to this position:

Please provide any additional information regarding your above work history:

Work-Related & Personal References:

(Do not include family members or relatives. We must have at least one work-related reference and one personal reference)

1. Reference Name (first and last): _____
Employer: _____
E-Mail: _____
Phone: _____ Relationship: _____
2. Reference Name (first and last): _____
Employer: _____
E-Mail: _____
Phone: _____ Relationship: _____
3. Reference Name (first and last): _____
Employer: _____
E-Mail: _____
Phone: _____ Relationship: _____

Related Questions:

***Have you previously been employed by Riverbend Head Start and Family Services or its affiliates? If yes, indicate location, position held and dates of employment:**

On what date are you available to start work? _____

Please read before signing:

I certify the facts contained in this employment application are true and complete to the best of my knowledge. I understand any false statement, omission or misrepresentation in this employment application is sufficient cause for refusal to hire or dismissal if I have been employed, no matter when discovered by Riverbend Head Start & Family Services.

I understand any offer of employment or employment is contingent on completion and review of a pre-offer criminal background check, post offer health assessment based on the demands of the job for which I am applying, post offer drug screen and driver's record verification.

I authorize Riverbend Head Start & Family Services to thoroughly investigate all statements contained in my employment application and I authorize by former employers and references to disclose information regarding my former employment without giving me prior notice of such disclosure. In addition, I release Riverbend Head Start and Family Services, 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 nothing contained in the employment application or in the granting of an interview or in any policies, procedures or handbooks I might receive is intended to create an employment contract between Riverbend Head Start & Family Services and myself. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and I may be terminated at any time, with or without cause and without prior notice, at my option or the option of Riverbend Head Start & Family Services.

I have carefully read the above employment application and understand that by signing, I agree to and understand the foregoing statements. I also certify that the statements made by me in this employment profile are true, complete and correct to the best of my knowledge and belief.

Signature

Date

EEO PRE-OFFER/PRE-EMPLOYMENT VOLUNTARY INFORMATION FORM

Name: _____ Zip Code: _____
Job Title Applying For: _____ Date: _____

Thank you for your expression of interest in employment with Riverbend Head Start & Family Services. Riverbend Head Start & Family Services is an equal opportunity employer. The information requested below will be used in accordance with federal regulations as part of Riverbend Head Start & Family Services' equal employment opportunity program. Although submitting the information below is voluntary, by you providing it to us, we will be better able to fulfill our government fair employment reporting requirements. All information will be kept confidential and will not affect your opportunity for employment or terms and conditions of employment if hired. If you decline to provide the information requested below, it will in no way impact your opportunity for employment.

Please check the following box ONLY if you do not want to answer the EEO questions below.

I decline to provide the information below. _____

What primary racial or ethnic category do you consider yourself to be a member?

Check only one:

- ☐ **Hispanic or Latino:** a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- ☐ **White (Not Hispanic or Latino):** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ☐ **Black or African American (Not Hispanic or Latino):** a person having origins in any of the black racial groups of Africa.
- ☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **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.
- ☐ **Native American or Alaska Native (Not Hispanic or Latino):** a person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment.
- ☐ **Two or More Races (Not Hispanic or Latino):** all persons who identify with more than one of the above five races.

Your sex/gender?

☐ Male ☐ Female ☐ Other

How did you learn about the position for which you are applying?

- | | |
|--|---|
| <input type="checkbox"/> Company web site | <input type="checkbox"/> Internal database search |
| <input type="checkbox"/> External database search | <input type="checkbox"/> State job service |
| <input type="checkbox"/> Employment agency/search firm | <input type="checkbox"/> Temporary agency |
| <input type="checkbox"/> Friend or relative | <input type="checkbox"/> Community/Civic organization |
| <input type="checkbox"/> Educational institution | <input type="checkbox"/> Professional or business assn. |
| <input type="checkbox"/> Newspaper or employment ad | <input type="checkbox"/> Job or career fair |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Employee referral | <input type="checkbox"/> Internet placement service |

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 04/30/2026

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- ☐ Yes, I have a disability, or have had one in the past
- ☐ No, I do not have a disability and have not had one in the past
- ☐ I do not want to answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____