



BENTON FRANKLIN HEAD START

**1549 Georgia Avenue SE, Suite B
Richland, Washington 99352
(509) 735-1062**

ATTENTION APPLICANT:

PLEASE NOTE THAT MANY OF OUR POSITIONS **REQUIRE** THE ABILITY TO DRIVE FOR AGENCY BUSINESS AND/OR OPERATE AGENCY MOTOR VEHICLES.

IF YOU ARE CHOSEN FOR AN INTERVIEW, BENTON FRANKLIN HEAD START IS REQUIRING THAT YOU PROVIDE US WITH A CURRENT MOTOR VEHICLE RECORD (MVR) FOR THE PAST THREE(3) YEARS AT THE TIME OF THE INTERVIEW.

ADDITIONALLY, THE CURRENT MOTOR VEHICLE RECORD IS TO BE PROVIDED AT THE APPLICANT'S OWN EXPENSE.

THANK YOU.

BENTON FRANKLIN HEAD START



BENTON FRANKLIN HEAD START EMPLOYMENT APPLICATION

Any information provided on this application which is not specifically requested by the employer will result in this application being rejected.

Benton Franklin Head Start is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, national origin, age, marital status, disability, or any other characteristic protected by law. Applicants may request any needed accommodation to participate in the application process.

Please read this application for employment carefully and answer every question in full. If you need additional space to complete an answer, please attach additional sheets. Do not substitute a résumé in place of this application, although you may include it as an attachment along with college transcripts.

Date of Application: _____

Name: _____
First Middle Last

Address: _____
Street City State Zip Code

Telephone: _____
Home Cellular Message

How were you referred to Benton Franklin Head Start? _____

Are you a current Head Start parent? ☐ YES ☐ NO

Are you a former Head Start parent? ☐ YES ☐ NO

Position(s) you are applying for: _____ Wage desired: _____

Note: Applicants must meet the minimum qualifications to be considered for a position.

EDUCATION

Do you have a high school diploma or GED certificate? ☐ YES ☐ NO

List colleges, business, trade, or other schools attended. Transcripts and/or diplomas may be required for some positions.

Name of School	Course of Study	Credits Earned (Semester/Quarter)	Specify Degree Earned

EMPLOYMENT HISTORY

Please list present or most recent employer first (attach additional sheets if necessary).

Employer	Street Address/P.O. Box	City	State	Telephone
Dates Employed	Name and Title of Supervisor			
From: (mo/yr) To: (mo/yr)				
Your Job Title and Duties:				
Reason for leaving: May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO				

Employer	Street Address/P.O. Box	City	State	Telephone
Dates Employed	Name and Title of Supervisor			
From: (mo/yr) To: (mo/yr)				
Your Job Title and Duties:				
Reason for leaving: May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO				

Employer	Street Address/P.O. Box	City	State	Telephone
Dates Employed	Name and Title of Supervisor			
From: (mo/yr) To: (mo/yr)				
Your Job Title and Duties:				
Reason for leaving: May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO				

Employer	Street Address/P.O. Box	City	State	Telephone
Dates Employed	Name and Title of Supervisor			
From: (mo/yr) To: (mo/yr)				
Your Job Title and Duties:				
Reason for leaving: May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO				

US MILITARY SERVICE

Have you served in the US Military?	Branch of Service	Dates of Service
<input type="checkbox"/> YES <input type="checkbox"/> NO		From: To:
Relevant Training/Experience Received:		

REFERENCES

Please list three references that have first-hand knowledge of your ability, character, and personality that you have known at least five years. Do not include any relatives.

Name	City	State	Telephone
1.			
2.			
3.			

GENERAL INFORMATION

1. Are you at least 18 years of age?

☐ YES ☐ NO

2. If hired, can you provide written evidence that you are authorized to work in the United States?

☐ YES ☐ NO

3. Have you ever been employed by Benton Franklin Head Start?

☐ YES ☐ NO If yes, dates: _____

4. Are you related to a current Benton Franklin Head Start Board or Policy Council member?

☐ YES ☐ NO If yes, provide name of relative: _____

5. Are you related to a current Benton Franklin Head Start employee?

☐ YES ☐ NO If yes, provide name of relative: _____

6. Do you have a valid driver's license?

☐ YES ☐ NO

7. Have you been convicted of a misdemeanor or felony within the past 10 years? (Answering yes will not automatically bar you from employment.)

☐ YES ☐ NO

SPECIAL SKILLS

Licenses/Certifications (i.e. CPR/First Aid, Food Handlers): _____

Computer Skill Level: ☐ High ☐ Medium ☐ Low

Computer Programs Used & Proficiency: _____

Bilingual? ☐ YES ☐ NO If yes, specify language: _____

Please specify your bilingual ability in this language: ☐ Speak ☐ Read ☐ Write

EMPLOYMENT APPLICATION

ADDITIONAL INFORMATION

Please provide any additional information relevant to the position for which you are applying.

APPLICANT'S STATEMENT

1. I understand that this application is not a contract or offer of employment.
2. I understand that this application will be active for a period of 60 days; after that time, if I wish to be considered for employment, I must submit a new application.
3. I understand that documentation of employment eligibility for compliance with the U.S. Immigration Control and Reform Act is required at the time of hire.
4. I certify that the information contained in this application is true and correct to the best of my knowledge and I understand that falsifications and/or misleading information are grounds for disqualification from consideration for employment or if hired for dismissal from employment.
5. I hereby authorize Benton Franklin Head Start to contact any and all schools, former employers, and listed references to provide information concerning this application, my background, and suitability of employment and I release such persons and former employers from any and all liability for providing such information.

Full Name (Please Print): _____

Other Names or Maiden Name: _____

Signature of Applicant: _____ Date: _____