

EDUCATION

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED

Circle Years of College Completed: 1 2 3 4 5 6

SCHOOL	Name of School	Location of School	Years Completed	Graduated		Diploma/ Degree	Major Field of Study
				Yes	No		
High School							
College or University							
Graduate School							
Technical/ Vocational							

Licenses or Certificates:

Type of License	Date Issued	Valid Thru	Issued by (Authority, City & State)	License Number
<p>Special Skills - List any other skills you possess and machines or office equipment experience. Include computer equipment and software, typing speed, etc. _____</p> <p>_____</p> <p>_____</p>				
<p>Indicate any foreign language you can speak, read and write. Language(s): _____</p> <p>How fluently? ___ Fair ___ Good ___ Excellent ___ Speak ___ Read ___ Write</p>				

REFERENCES: Please list three references (not relatives) who may be contacted regarding your character and work history,

Name	Address	City	State	Zip Code	Area Code	Phone No.
1. _____						
2. _____						
3. _____						

(Employee Declaration Statement):

The following declaration by all prospective employees is required by TMC Policies and Procedures, State Licensing Standards and the Federal Register for Head Start Programs, 1301.31 (b)(2)(i-iii).

1. Are you pending and/or have any prior criminal arrests, charges or convictions? Yes No

Type of Offense	Date(s)	Court Name & Location	County	Disposition

2. Are you pending and/or have any prior criminal arrests, charges or convictions related to child sexual abuse? Yes No

Type of Offense	Date(s)	Court Name & Location	County	Disposition

3. Have you had any convictions related to other forms of child abuse and neglect? Yes No

Type of Offense	Date(s)	Court Name & Location	County	Disposition

4. Have you had any convictions of violent felonies? Yes No

Type of Offense	Date(s)	Court Name & Location	County	Disposition

5. Have you ever been convicted of any felony, in this state or any state? Yes No

If yes, please explain:

Type of Offense	Date(s)	Court Name & Location	County	Disposition

EMPLOYMENT EXPERIENCE

1. Include ALL employment. Start with your current or last job. Do not write "See Resume,"

2. If you need additional space, please continue on a separate sheet of paper.

3. Are you currently employed? Yes No If "yes" may we contact your present employer? Yes No

1	Job Title:		Dates Employed From: _____ To: _____ Mo. Yr. Mo. Yr.
	Employer:	Telephone ()	Final Salary: \$ _____ per _____ (hr/mo)
	Street Address: _____ City, State, Zip Code: _____		Full Time _____ Part Time _____ Supervisor's Name: _____ Supervisor's Title: _____
	Describe Your Job Duties and Responsibilities: _____ _____		Reason for leaving:
2	Job Title:		Dates Employed From: _____ To: _____ Mo. Yr. Mo. Yr.
	Employer:	Telephone ()	Final Salary: \$ _____ per _____ (hr/mo)
	Street Address: _____ City, State, Zip Code: _____		Full Time _____ Part Time _____ Supervisor's Name: _____ Supervisor's Title: _____
	Describe Your Job Duties and Responsibilities: _____ _____		Reason for leaving:
3	Job Title:		Dates Employed From: _____ To: _____ Mo. Yr. Mo. Yr.
	Employer:	Telephone ()	Final Salary: \$ _____ per _____ (hr/mo)
	Street Address: _____ City, State, Zip Code: _____		Full Time _____ Part Time _____ Supervisor's Name: _____ Supervisor's Title: _____
	Describe Your Job Duties and Responsibilities: _____ _____		Reason for leaving:
4	Job Title:		Dates Employed From: _____ To: _____ Mo. Yr. Mo. Yr.
	Employer:	Telephone ()	Final Salary
	Street Address: _____ City, State, Zip Code: _____		Full Time _____ Part Time _____ Supervisor's Name: _____ Supervisor's Title: _____
	Describe Your Job Duties and Responsibilities: _____ _____		Reason for leaving:

APPLICANT'S CERTIFICATION, AGREEMENTS, AND RELEASE

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED AT THE BOTTOM OF THIS DOCUMENT.

CERTIFICATION:

I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire, or if hired, termination of employment.

AUTHORIZATION TO WORK:

I understand that legal proof of Authorization to work in the United States as a condition of employment will be required.

AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION AND RELEASE OF LIABILITY FOR CONDUCTING, DISCUSSING OR USING BACKGROUND INVESTIGATION:

I authorize TMC to conduct a background check on my person to investigate all statements made by me and to contact all references, persons, companies, law enforcement agencies, governmental agencies and schools, if any, named by me in this Application. I understand that employment with TMC is subject to a criminal history background investigation. I authorize TMC to conduct these investigations. I further authorize all such references, persons, companies, governmental agencies and schools to provide all information known to them as requested by TMC concerning my employment history, character, criminal background information, driving history, degrees and qualifications, and in consideration for being considered for employment by TMC I hereby specifically release and forever discharge all such persons, companies, and schools from any and all claims or causes of action, including claims for defamation or invasion of privacy, which I might otherwise have against them for providing such information. In consideration of being considered for employment by TMC, I further release and forever discharge TMC for any and all claims or causes of action, including claims for invasion of privacy, which I might have against TMC for discussing my employment history, character, criminal background, driving history, and degrees or qualifications, with any person or entity named in this Application or with any unit of federal, state or local government or for using my background information to determine my eligibility for employment. I waive the right to see any information and/or documentation obtained by TMC under this provision.

I understand that TMC reserves the right to design its own personnel policies, to change them at any time without advance notice, to reorganize the organization based on business needs and conditions. I also understand that should I be employed by TMC, subsequent criminal background checks will be conducted.

CONDITIONS OF EMPLOYMENT:

TMC will make a thorough investigation of my work and personal history and may verify all data given in my application for employment, resume, related papers, or oral interviews. I authorize such investigation and release from liability any person giving or receiving any information requested by this agency. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired may subject me to immediate termination of employment.

AT-WILL EMPLOYMENT:

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with TMC is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time, with or without notice. It is further understood that this "at will" employment relationship may not be changed by any oral statement or representative or any written document or by conduct of any representative, officer, agent or employee of TMC, unless such change is specifically acknowledged in writing by the Chief Executive Officer of TMC.

PERSONS APPLYING FOR DRIVER POSITIONS:

I understand that my employment with the corporation depends on my insurability. Any violations, irrespective of fault will be considered in my insurability review and may, in conjunction with post hire violations, result in me being uninsurable. **INSURABILITY IS A REQUISITE FOR HIRE AND/OR CONTINUED EMPLOYMENT.**

POST OFFER CONDITIONS AND REQUIREMENTS:

As a candidate for employment with TMC, I will be required to take a physical examination and a tuberculosis skin test.

In accordance with the Drug-Free Workplace Act, all corporations that receive grants or monies from the federal government are required to maintain a drug and alcohol free workplace or risk losing all federal dollars. In compliance with this drug-free workplace law, all candidates will be required to take a drug test as a condition for employment. I understand that failure to submit to and/or pass such test will be grounds for not hiring me or terminating me.

I authorize TMC to communicate with all my former employers, school officials and persons named as references. I hereby release all employers, schools and individuals from any liability for any damage whatsoever resulting from giving such information, and I waive the right to see such information.

I understand that as this corporation deems necessary, I may be required to work overtime hours or hours outside a normally defined work day or work week. If employed understand and agree that such employment may be terminated at any time and without any liability to me for any continuation of salary, wages, or employment related benefits.

Federal Regulation Head Start Performance Standards 1304.50 (d)(1)(xi), requires that Policy Council work with management and governing body to approve management decisions to hire or terminate any person who works primarily with the Head Start program. TMC also reserves the right to require any other conditions of employment created through its contractual relationships with other entities, such as TSR.

I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in the application are correct and complete. I understand that any false information contained in this application may result in my discharge from employment.

Signature of Applicant _____ Date _____