

205 West 18th Street PO Box 177 Trenton, MO 64683 Office: 660-359-2214

Fax: 660-359-5787

Employment Application

Return this application to PO Box 177, Trenton, MO 64683 or fax to 660 359 5787 or email to hskids@sbcglobal.net.

Last Name Street Address City, State & Zip Main Phone Secondary Phone Position Applied For-1st Choice Average you ever been convicted of a crime? No or Yes (If yes, attach a sealed confidential explanation. Do not include convictions which have been sealed by a court.) List names of relatives working for Head Start and their relationship to you: 1. Relative's Name & Relationship 2. Relative's Name & Relationship

EMPLOYMENT HISTORY Company Name Telephone Address Supervisor Name 1 Employed From (month/year) Reason for Leaving Job Title/Describe Your Work: Company Name Telephone Address Supervisor Name Employed From (month/year) Reason for Leaving Job Title/Describe Your Work: Company Name Telephone Address Supervisor Name Employed From (month/year) Reason for Leaving Job Title/Describe Your Work: Company Name Telephone Address Supervisor Name Employed From (month/year) Reason for Leaving Job Title/Describe Your Work:

EDUCATION				
Name/Location of High School attended		Did you graduate?		
Name/Location of Business/Trade School attended		Did you graduate?		Degree Type
Name/Location of College attended		Did you graduate?		Degree Type
Name/Location of Graduate School attended		Did you gradu	uata?	Dograo Typo
INAME/Location of Graduate School attended		Did you graduate?		Degree Type
MISCELLANEOUS				
List office machines, equipment and cor	nputer software you can operate effe	ctively		
List three people, not related to you, that	t can evaluate your job performance			
Name Address		Phone		
2. Name	Address		Phone	
3. Name	Address		Phone	
NCMC/Croon Hills Hoad Start is comm	sitted to accurring equal enpertunity t	to all paragna	and doos	not discriminate on
NCMC/Green Hills Head Start is commented by the basis of race color national original arian	• • • • • • •	•		
the basis of race, color, national origing gender identity or expression, or sexual				
practices as required by Title IX of the	· · ·			
Rehabilitation Act of 1973, the America			•	
harassment, to include sexual violence				• •
statutes and nondiscrimination polici	es should be referred to the Co	llege Preside	nt, Dr. L	enny Klaver, Frey
Administrative Center, 1301 Main	Street, Trenton, MO 64683.	Phone 660	-359-3948	s, ext. 1200, or
Iklaver@mail.ncmissouri.edu.				
I authorize NCMC/Green Hills Head				
references I have provided. I release		•		
investigation. I understand that neith				
employment process, establishes any				
representative of NCMC/Green Hills He	· ·	•		
I attest with my signature below I had information has been concealed. If a	•			•
constitute cause for the denial of emplo			Jourou, i (and ordered tillo will

Date	Signature