



BUTLER COUNTY
Children's Center

139 Rieger Road • Butler, PA 16001
724-287-2761 • www.bcccinc.org

APPLICATION FOR EMPLOYMENT

Date _____

This organization is an equal opportunity employer. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for available positions because of his or her race, color, religion, national origin, ancestry, age, sex, disability or veteran status.

PERSONAL DATA

Name _____
Last First Middle

Address _____
Number Street City State Zip

Phone # _____ Email address: _____

Are you at least 18 years of age? ____ Yes ____ No Social Security # (Optional) _____

Butler County Children's Center, Inc. employs only United States citizens and aliens lawfully authorized to work in the United States. In compliance with the Immigration Reform and Control Act of 1986, we require all new employees to complete the employment eligibility verification form (Form I-9) and provide legally sufficient documentation of identity and employment eligibility. Are you legally eligible to work in the United States? ____ Yes ____ No

Position Applying for _____ Rate of Pay Expected _____

Do you prefer: Full Time _____ Part Time _____ Seasonal _____

Date available to start _____ Do you currently have children enrolled in Head Start? ____ Yes ____ No

Do you have children who were previously enrolled in Head Start? _____

Have you applied at this Agency before? _____ Were you interviewed? _____

When? _____ For What Position? _____

Were you previously employed by this Agency? ____ Yes ____ No If yes, when? _____

Supervisor _____ When did you leave? _____

Why? _____

Are you related to anyone employed by this Agency? ____ Yes ____ No If yes, who? _____

Has there ever been a child abuse proceeding against you which was founded or indicted? _____

Have you ever pled guilty to or been convicted of a misdemeanor or a felony? ___ Yes ___ No If yes, please explain the nature of all such crimes and the dates and courts in which you were convicted or pled guilty. _____

Any conviction or guilty plea will be considered only insofar as it relates to your suitability for employment in the position(s) for which you are applying.

EDUCATIONAL BACKGROUND

	School, Name, City and State	Diploma, Degree or Certificate Earned	Grade Average
High School			
College			
Other			
Other			

Circle highest grade completed: High School College Graduate School
 9 10 11 12 1 2 3 4 5 1 2 3 4

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

EMPLOYMENT AND ARMED FORCES EXPERIENCE (Enter Present or Most Recent Position First)

From/To Month/Year	Employer's Name, Address and Telephone Number	Supervisor's Name, Address and Telephone Number	Position Held and Rate of Pay	Reason For Leaving

List any other experiences, skills, or qualifications you feel are pertinent:

UNDERSTANDING AND AGREEMENT

I authorize the Center to investigate, in its discretion, my employment history, references or other types of information provided in this application. I authorize my past and present employers, all references, and any other persons to answer all questions asked by the Center concerning my education, skills, abilities and previous employment record. I release all such persons and the Center from any and all liability or damages on account of having inquired about, furnished, received or utilized such information.

I understand and agree that if I am employed by Butler County Children's Center, Inc., my employment will not be for any definite or particular period or length of time. I will be free to terminate my employment at any time for any reason or for no reason at all, and the Company will also be free to terminate my employment at any time for any reason or for no reason at all. I will comply with all Agency rules and regulations and all applicable federal and state statutes, regulations and rules.

I agree to provide transcripts from the education institutions and training programs which I have attended. I agree to submit to such testing as Butler County Children's Center, Inc. ("Center") may request or require. I understand and agree that any employment offer made to me is contingent upon the reference checks, testing and transcripts.

I further understand and agree that if the Center offers me employment, it may require a medical examination after that offer is made and condition the offer upon the results of the medical examination. I agree to submit to the requested medical examination and I authorize the examining physician to disclose to the Center the results of that examination. I release all persons and entities involved in conducting, processing, recording, analyzing, evaluating or disclosing the medical examination, or who inquired, furnished, received or utilized that information from any and all liability or damages related to their actions.

I certify that the above information is complete and accurate to the best of my knowledge. I understand that falsification, misrepresentation or omission of facts in this application will disqualify me from further consideration or, if I am hired, will be sufficient grounds for my immediate dismissal. I further certify that I have carefully read this Understanding and Agreement and understand and agree to it.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF WITNESS

DATE

