

FOR THE HEAD START JOB APPLICANT: WHAT IS HEAD START?

WHAT WE DO:

Head Start is a federal program that promotes the school readiness of children ages birth to 5 from low-income families by enhancing their cognitive, social, and emotional development.

Head Start programs provide a learning environment that supports children's growth in:

- Language & literacy
- Cognitive & general knowledge
- Physical development & health
- Social & emotional development, and
- Approaches to learning.

Head Start programs provide comprehensive services to enrolled children and their families, which include health, nutrition, social, and other services determined to be necessary by family needs assessments, in addition to education and cognitive development services. Head Start services are designed to be responsive to each child and family's ethnic, cultural, and linguistic heritage.

Head Start emphasizes the role of the parents as their child's first and most important teacher. Head Start programs build relationships with families that support:

- Family well-being and positive parent-child relationships
- Family as learners and lifelong educators
- Family engagement in transitions
- Family connections to peers and community, and
- Families as advocates and leaders.

HEAD START SERVICES

Head Start services pre-school-age children and their families. We also provide Early Head Start, which serves infants, toddlers, and their families who have incomes below the federal poverty level.

Our Head Start and Early Head Start offers a full year Center based program using a evidenced based curriculum.

Over a million children are served by Head Start programs every year, Including children in every U.S. state and territory and in American Indian and Alaskan Native communities. Since 1965, nearly 30 million low-income children and their families have received these comprehensive services to increase their school readiness.

-Grants

The Office of Head Start (OHS), within the Administration of Children and Families of the Department of Health and Human Services, awards grants to public and private agencies on a competitive basis to provide these comprehensive services to specific communities. Head Start grantees provide the services as described in the Head Start Performance Standards and in accordance with the Head Start Act of 2007. The Office of Head Start is responsible for oversight of these grantees, to ensure the performance standards are met and the best quality of care is provided to the enrolled children. In addition, some cities, states and federal programs offer funding to expand Head Start and Early Head Start to additional children within their jurisdiction.



CENTRAL TRIBES OF THE SHAWNEE AREA, INC.

Applicant Information

Full Name _____ Date _____
Last First M.I.

Address _____
Street Address Apt/Unit #

_____ *City State Zip Code*

Phone _____ E-Mail _____

Date Available _____ Social Security No. _____ Desired Salary _____

Position Applied for _____

Type of Employment desired FULL-TIME _____ PART-TIME _____ SUB _____

Are you a citizen of the United States? YES _____ NO _____ If No, are you authorized to work in the U. S.?
YES _____ NO _____

Have you ever been previously employed by our organization? YES _____ NO _____
If yes, when _____

Are you related to anyone working for CTSA? YES _____ NO _____
If yes, who and what is your relationship? _____

Are you able to meet attendance requirements? YES _____ NO _____

Are you able to meet all the job requirements? YES _____ NO _____

Can you travel if required by this position? YES _____ NO _____

Are you a current or former parent of Head Start or Early Head Start? YES _____ NO _____

Can you travel if required by this position? YES _____ NO _____

Have you ever been convicted of a felony? YES _____ NO _____

If yes, explain _____

How did you hear about us? _____



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Education

High school _____ Address _____

From _____ To _____ Did you graduate? YES ___ NO ___ Diploma _____

College _____ Address _____

From _____ To _____ Did you graduate? YES ___ NO ___ Degree _____

Other _____ Address _____

From _____ To _____ Did you graduate? YES ___ NO ___ Degree _____

References

Please list three references (do not include relatives or employers).

Full Name _____ Relationship _____

Company _____ Address _____

Phone Number _____ Years known _____

Full Name _____ Relationship _____

Company _____ Address _____

Phone Number _____ Years known _____

Full Name _____ Relationship _____

Company _____ Address _____

Phone Number _____ Years known _____



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Previous Employment

Company Name _____ **Phone Number** _____

Address _____ **Supervisor** _____

Job Title _____ **Salary \$** _____

Dates of employment: From _____ **to** _____ **Reason for Leaving** _____

Job responsibilities

Company Name _____ **Phone Number** _____

Address _____ **Supervisor** _____

Job Title _____ **Salary \$** _____

Dates of employment: From _____ **to** _____ **Reason for Leaving** _____

Job responsibilities

Company Name _____ **Phone Number** _____

Address _____ **Supervisor** _____

Job Title _____ **Salary \$** _____

Dates of employment: From _____ **to** _____ **Reason for Leaving** _____

Job responsibilities



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Equal Opportunity Employer

CTSA is an Equal Opportunity Employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs are available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Tribal Preference

CTSA is an Equal Opportunity Employer. As a Tribal Head Start Program, we have established and adopted an employment preference policy. When two or more equally qualified candidates, each of whom meets the qualifications or requirements for employment, are available for hire, Tribal Preference takes precedence. The information you provide below is voluntary, and failure to do so will not jeopardize your opportunities with CTSA.

Are you American Indian or Alaskan Native? YES _____ NO _____

If Yes, what is your tribal affiliation? _____

NOTE: To be considered for the above Tribal Preference, you must provide a Certificate of Degree of Indian Blood (CDJB) and/or a tribal membership card.

Disclaimer and Signature

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutes, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specific length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within 3 business days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read fully and understand the forgoing, and that I seek employment under these conditions.

Signature _____ Date _____

Your application will be retained in active status for one year. If your qualifications meet our needs, we will contact you for further information.