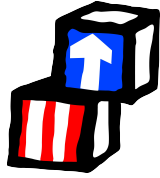


GREATER OPPORTUNITIES OF THE PERMIAN BASIN HEAD START



Providing Services in Big Spring, Monahan's, Odessa and Pecos

APPLICATION FOR EMPLOYMENT

206 West 5th St
Odessa TX 79761



Applicant Name: _____ Position Applied For: _____ Date: _____
Please Print

We appreciate your interest in our organization and assure you we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in considering you for a position that best meets your qualifications.

Please complete all information on the application as completely, accurately, and as thoroughly as possible. Upon your request, your application will be referred for consideration to any available position for which you are qualified. The filing of this application and our acceptance thereof does not indicate there are positions open and in no way obligates Greater Opportunities of the Permian Basin – Head Start. You will normally be contacted only if we determine that a personal interview is necessary. Employment interviews may be arranged by the department or unit where the vacancy exists. Any exclusions, misrepresentations, falsification, or evasive statements on the application or on other agency records shall be considered sufficient cause for your dismissal, if employed.

The continuation of employment is at the discretion and will of the Greater Opportunities of the Permian Basin – Head Start. This is an application for employment and no employment contract is being offered. If employed, such employment is for an indefinite period of time and the Agency can change wages, benefits, and conditions of employment or may discharge the employee at any time, with or without cause. It should be understood that the employment relationship cannot be altered by any written document or verbal statement unless this alteration is specifically acknowledged in writing by the Greater Opportunities of the Permian Basin Governing Board of Trustees or their designee.

Greater Opportunities of the Permian Basin is an equal opportunity employer and does not discriminate on the basis of race, color, national origin, sex, disability, religion, age or any other protected status. It should be understood that by submitting an application for employment with Greater Opportunities of the Permian Basin you are authorizing the Agency to make any verification of personal and employment history disclosed through any agency or bureaus of its choice. By submitting this application, you agree to release all persons and companies requesting or supplying information in regard to this inquiry from all liabilities. All individuals will be required to confirm their identity and legal authorization to work in the United States.

Instructions: **Print in black or type.** Fill out the application completely; if questions are not applicable, enter "N/A". Do not leave questions blank. Resumes will be accepted for whatever supplemental information they contain but shall not be a substitution for a completed application. Be sure to sign the application when it is completed.

Last Name, First Name Middle Name Driver's License # State

() - () -
Area Code/Primary Phone # Area Code/Secondary Phone # Social Security #

Present Street Address & Number, City, State, Zip

Permanent Street Address & Number, City, State, Zip

Personal E-Mail Address: _____

Position(s) Applied For: 1) _____ 2) _____

Willing to Work (check all that apply): ☐ Full-time, ☐ Part-time, ☐ Overtime, ☐ Weekends, ☐ Seasonal

Date Available for Work: _____ Willing to Drive: ☐ Yes, ☐ No How did you hear about this job? _____

Note: Transcripts may be required for verification of education

Type of School	Name of School and Location	Did you Graduate?	Type of Diploma or Degree	Major Field of Study
GED		Yes / No		
High School		Yes / No		
Junior College		Yes / No		
University		Yes / No		
Other		Yes / No		
Vocational		Yes / No		
Technical		Yes / No		

Current License, Certification, or Registration (check all that apply):

☐ CDA, ☐ CDL, ☐ CPA, ☐ EC Ed, ☐ LCDC, ☐ LMFT, ☐ LPC, ☐ LVN, ☐ Medical, ☐ PHR, ☐ RN, ☐ SW, ☐ SWA, ☐ Teacher

License # _____ Date Issued _____ Issuing Authority, City & State _____

License # _____ Date Issued _____ Issuing Authority, City & State _____

Special Skills or Qualifications (check all that apply):

☐ Bookkeeping, ☐ CDL, ☐ Computer, ☐ CPR, ☐ DataBase, ☐ Dictation, ☐ First Aid, ☐ Foreign Language - _____,
☐ Office Equipment, ☐ Presentations, ☐ Spreadsheets, ☐ Ten Key, ☐ Word Processing, ☐ Other: _____

Please indicate at least the last **10 years of employment**. Start with present position and work back, including military service and periods of unemployment. Attach additional sheets if necessary. If questions are not applicable, enter "N/A".

Present/Last Employer:	_____	Type of Business:	_____
Area Code & Phone #:	(____) _____	Present or Last Job Title:	_____
Mailing Address:	_____	Supervisor's Name:	_____
City, State, Zip:	_____	Description of Duties:	_____
Starting Date:	Mo. _____ Yr. _____		_____
Termination Date:	Mo. _____ Yr. _____	Reason for Termination:	☐ Quit, ☐ Dismissal, ☐ Job Ended
Salary:	Starting _____ Ending _____	Why:	_____

Present/Last Employer:	_____	Type of Business:	_____
Area Code & Phone #:	(____) _____	Present or Last Job Title:	_____
Mailing Address:	_____	Supervisor's Name:	_____
City, State, Zip:	_____	Description of Duties:	_____
Starting Date:	Mo. _____ Yr. _____		_____
Termination Date:	Mo. _____ Yr. _____	Reason for Termination:	☐ Quit, ☐ Dismissal, ☐ Job Ended
Salary:	Starting _____ Ending _____	Why:	_____

Present/Last Employer:	_____	Type of Business:	_____
Area Code & Phone #:	(____) _____	Present or Last Job Title:	_____
Mailing Address:	_____	Supervisor's Name:	_____
City, State, Zip:	_____	Description of Duties:	_____
Starting Date:	Mo. _____ Yr. _____		_____
Termination Date:	Mo. _____ Yr. _____	Reason for Termination:	☐ Quit, ☐ Dismissal, ☐ Job Ended
Salary:	Starting _____ Ending _____	Why:	_____

Present/Last Employer:	_____	Type of Business:	_____
Area Code & Phone #:	(____) _____	Present or Last Job Title:	_____
Mailing Address:	_____	Supervisor's Name:	_____
City, State, Zip:	_____	Description of Duties:	_____
Starting Date:	Mo. _____ Yr. _____		_____
Termination Date:	Mo. _____ Yr. _____	Reason for Termination:	☐ Quit, ☐ Dismissal, ☐ Job Ended
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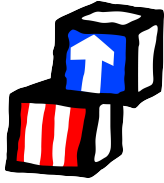
Please answer questions below.

	Yes	No
Is or has your child attended a Head Start program at Greater Opportunities of the Permian Basin or another Head Start? If yes, Who? _____ When? _____ Relationship to You? _____	☐	☐
Have you worked previously as an employee of Greater Opportunities of the Permian Basin? If yes, When? _____	☐	☐
Have you ever volunteered, performed a practicum, internship, or consulted at Greater Opportunities of the Permian Basin? If yes, When? _____	☐	☐
Do you have any relatives employed by Greater Opportunities of the Permian Basin? If yes, Who? _____ Relationship to You? _____	☐	☐
Have you ever been discharged or asked to resign because of unsatisfactory attendance, conduct, or performance? If yes, explain: _____	☐	☐
Have you ever served in the military or reserves? If yes, When? _____ What branch? _____ What rank? _____	☐	☐
Are you Under the age of 18? If yes, when will you reach age 18? _____	☐	☐
Have you had one or more citation for “no motor vehicle insurance” in the past 3 years? If yes, how many? _____	☐	☐
Have you had one or more “at fault” automobile accidents in the past 3 years? If yes, how many? _____	☐	☐
Have you had one or more “driving under the influence” or “driving while intoxicated” citations in the past 3 years?	☐	☐
Would you object to taking a drug/alcohol screen/test? (Note: Testing may be required as a condition of employment).	☐	☐
Would you object to taking a physical capability/fit-for-duty test, if applicable?	☐	☐
Have you been convicted of any offense either in civil, criminal, or military court since your 18 th birthday?	☐	☐
If you have ever been convicted by federal, state, or any other law enforcement authorities for any violation of any federal, state, county, or municipal law, regulation, or ordinance, give particulars. Include any offense, date, and sentence since your 18 th birthday: _____ _____ _____.		

I certify this application contains no willful misrepresentation or falsification and the information given by me is true and complete to the best of my knowledge and belief. I authorize GOPB – Head Start to verify the accuracy of all information I have placed on this application. I understand should investigation disclose any such misrepresentation or falsification, my application will be rejected and I will be declared ineligible for employment or will be dismissed after appointment. I understand if employed I will serve at the discretion of the employer.

Applicant Signature

Date



Greater Opportunities of the Permian Basin Inc. Head Start School Readiness Academy

P.O. Box 3922
Odessa, Texas 79760
Office (432) 337-1352 Fax (432) 333-3373



DEMOGRAPHIC INFORMATION FOR NAME-BASED AND FINGERPRINT-BASED CRIMINAL HISTORY

This information is required by our agency and the Texas Department of Family and Protective Services. It will be used to check for any criminal history that is a violation of minimum standards and to check the DFPS central registry of abuse and neglect.

Center: _____ Substitute: _____ Volunteer: _____ Staff: _____

Social Security Number: _____ Email Address: _____

First Name: _____ Last Name: _____ Middle Name: _____

**List any other names you currently use or have used in the past, including married and maiden names, below.
If you do not provide every name used, you may receive inaccurate results.**

Other First Names: _____ Other Middle Names: _____ Other Last Names: _____

Street Address: _____ Apt. Number: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

Date of Birth: _____ Gender: ☐ Male or ☐ Female Height: _____ Weight: _____

Race: ☐ American Indian, ☐ Alaskan Native, ☐ Asian, ☐ Black, ☐ Native Hawaiian/Pacific Islander, ☐ White

Ethnicity: ☐ Hispanic or ☐ Non-Hispanic

Hair Color: _____ Eye Color: _____ Place of Birth: _____
City, State, or Country

Citizen Country: _____ Driver's License #: _____ Issuing State: _____ D.L. Type: _____

List any other city in Texas where the person has been a resident:

Out-of-State Residence in the US in the Last 5 Years:

Authorized Agency Information (To be completed by Requesting Agency)- RETURN ORIGINAL FORM TO THE HUMAN RESOURCES OFFICE

Reason for fingerprinting:

Agency ORI: TX922250Z

Agency Name: Texas Department of Family and Protective Services – Day Care

Employer Name: GOPB Head Start

Employer's Phone: 432-337-1352 Extension: x224

Street Number and Address: 206 W. 5th Street

Employer City: Odessa

Employer Zip: 79760

Employer State: Texas

Name-based check completed by: _____

Date: _____

Fingerprint-based check completed by: _____

Date: _____