

GREATER OPPORTUNITIES OF THE PERMIAN BASIN HEAD START

Providing Services in Big Spring, Monahans, Odessa, Pecos, and Saragosa

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

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
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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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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: _____

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 18th 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 18th 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