

Date: _____

**FAMILY RESOURCE AGENCY OF NORTH GEORGIA
HEAD START/EARLY HEAD START/PRE-K PROGRAM**

403 Chickamauga Avenue, Suite 201

Rossville, GA 30741

Phone: 706-861-0105; Fax: 706-861-3627

tlesage@fragahs.com

EMPLOYMENT APPLICATION

Please print and use an ink pen. Answer all questions fully or your application may be discarded.

Name: _____ Are you at least 18? Yes No
Last First Middle

Address: _____
Number Street

City State Zip Code

Phone: _____ Social Security Number: _____

Other Phone/Pager: _____

Are you related to anyone currently employed by Family Resource Agency? Yes No

If so, to whom _____ What is the relationship? _____

Have you ever been employed by Family Resource Agency? * Yes No If yes, give date: _____

* Note: Agency Personnel Policies require a current employee to immediately notify the Program Director if the employee is applying for a position in another program within the Agency.

Are you legally eligible for employment in the United States? Yes No

If no, please explain: _____

What type of employment are you interested in? Full-time Part-time Either

Position(s) Applied For: _____ Expected Salary: _____

Can you travel, day time or overnight, when required? Yes No If not, explain: _____

Rate ability to communicate in English:

Speak	<input type="checkbox"/> None	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Fluently
Read	<input type="checkbox"/> None	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Fluently
Write	<input type="checkbox"/> None	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Fluently
Understand	<input type="checkbox"/> None	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Fluently

Rate ability to communicate in Spanish (If not Spanish, what other language? _____):

Speak	<input type="checkbox"/> None	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Fluently
Read	<input type="checkbox"/> None	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Fluently
Write	<input type="checkbox"/> None	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Fluently
Understand	<input type="checkbox"/> None	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Fluently

VOLUNTEER EXPERIENCES AND/OR PROFESSIONAL/CIVIC ORGANIZATIONS

TITLE/ORGANIZATION	PLACE	DATE
		From: To:
		From: To:
		From: To:
		From: To:
		From: To:

Summarize any other special skills or qualifications you have: _____

EDUCATION BACKGROUND

SCHOOL/ INSTITUTION	NAME & LOCATION	COURSE OF STUDY	DATES FROM / TO	DIPLOMA, DEGREE, ETC.
Graduate			/	<input type="checkbox"/> Degree _____ <input type="checkbox"/> Last Year Completed _____
College			/	<input type="checkbox"/> Degree _____ <input type="checkbox"/> Last Year Completed _____
Business/Trade/ Technical			/	<input type="checkbox"/> Diploma _____ <input type="checkbox"/> Degree _____ <input type="checkbox"/> Last Year Completed _____
High School			/	<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Last Year Completed _____

Have you had:

CPR for Infants, Children and Adults within the past two years:

Yes Expiration Date: _____ No

1st Aid training within the past two years?

Yes Expiration Date: _____ No

Annual child care training is required for some positions by the Department of Human Resources/DECAL/
Head Start. Are you willing to participate in all trainings? Yes No

Have you had a TB Test?

Yes No

If so, when -

Date: _____

Can you provide a copy of the TB test?

Yes No

Can you perform the job(s) you are applying for either with or without reasonable accommodations?

Yes No

If you need accommodations to perform the job(s), what do you need? _____

EMPLOYMENT HISTORY (List Most Recent Employer First / List **All** Employers)

Must include 10 year Work History. Explain less than 10 years Work History.

Are you employed now? Yes No May we contact your present employer? Yes No

ORGANIZATION	POSITION, AND BRIEF DESCRIPTION OF DUTIES	SALARY	BEGINNING & ENDING DATES	REASON FOR LEAVING OR WANTING TO LEAVE
Name: Address Phone: Supervisor:			From: To:	
Name: Address Phone: Supervisor:			From: To:	
Name: Address Phone: Supervisor:			From: To:	
Name: Address Phone: Supervisor:			From: To:	
Name: Address Phone: Supervisor:			From: To:	
Name: Address Phone: Supervisor:			From: To:	

ORGANIZATION	POSITION, AND BRIEF DESCRIPTION OF DUTIES	SALARY	BEGINNING & ENDING DATES	REASON FOR LEAVING OR WANTING TO LEAVE
Name:			From: To:	
Address				
Phone:				
Supervisor:				
Name:			From: To:	
Address				
Phone:				
Supervisor:				
Name:			From: To:	
Address				
Phone:				
Supervisor:				
Name:			From: To:	
Address				
Phone:				
Supervisor:				
Name:			From: To:	
Address				
Phone:				
Supervisor:				

NOTE: If you need additional space, request another Employment History Page.

REFERENCES

Give name, address and telephone number of three, **non-relative** references who are not previous employers.

NAME	ADDRESS	TELEPHONE NUMBER

Family Resource Agency of North Georgia (FRAGA) is an equal opportunity employer and selects the best matched individual for the job based upon job related qualifications, regardless of race, color, creed, sex, national origin, age, handicap or other protected groups under state, federal, or local Equal Opportunity Laws.

I understand and agree that:

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment.
2. It is my understanding that FRAGA will make a thorough investigation of my entire work history and may verify all data given on my application for employment, related paperwork or oral interviews. I authorize such investigation and the giving and receiving of any information requested by FRAGA, and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.
3. Employment with this agency shall be defined as “employment at will” unless otherwise indicated in writing and signed by the CEO or duly authorized Program Director.
4. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment.
5. Although management makes every effort to accommodate individual preferences, business needs may, at times, make changes in the work schedule necessary. I understand and accept these as conditions of my continuing employment.

I have read and understand all of the above information:

Date

Signature of Applicant

FAMILY RESOURCE AGENCY, INC.

DRIVING RECORD DECLARATION FORM

Since many employees of the Agency may drive an Agency vehicle, or transport children, clients, or other employees in their own vehicles, in certain situations through the course of their work, certain driving record information must be provided regarding prospective employees.

Declarations may exclude parking tickets. Individuals who declare, through this form, that they have been ticketed with, charged with, arrested for convicted of any of the offenses listed are not automatically disqualified from being hired. Each case will be reviewed to assess the relevance of the matter to a hiring decision.

You must explain any 'yes' answers including dates, locations, and circumstances.

1. Have you received a ticket for any type of moving violation within the past five years? Yes No

2. Have you ever been convicted of any drug or alcohol-related offense involving the driving of a motor vehicle?

Yes No

3. Have you ever had a driver's license revoked or suspended? Yes No

NOTE: We will not process your application without completion of this form. This information will be verified through appropriate law enforcement and/or motor vehicle record channels. Your signature on this form gives your permission for Family Resource Agency, Inc. to conduct such an inquiry.

Print Full Name

Social Security Number

Print Any Other Name(s) You Have Ever Used
(such as Maiden Name, Other Married Names)

Date of Birth

Driver's License Number

State

Signature

Date

FAMILY RESOURCE AGENCY of NORTH GEORGIA
AUTHORIZATION TO RELEASE CRIMINAL HISTORY INFORMATION
AND PROSPECTIVE EMPLOYEE DECLARATION FORM

TO ALL APPLICANTS: Federal, State, and Agency policies require that all prospective employees who work with children to sign a declaration prior to employment.

1. Have you ever been convicted of a crime?

YES _____ Explanation is as follows: _____

NO _____ I have not been convicted of any crimes.

2. Do you have any pending or prior criminal arrests and charges related to child or adult sexual abuse and their disposition?

YES _____ Explanation is as follows: _____

NO _____ I have not been arrested for, charged with, and/or convicted of the types of offenses listed above.

3. Do you have any convictions related to other forms of child or adult abuse and/or neglect?

YES _____ Explanation is as follows: _____

NO _____ I have not been arrested for, charged with, and/or convicted of the types of offenses listed above.

Individuals who declare, through this form, that they have been arrested for, charged with, or convicted of any of the offenses listed above are not automatically disqualified from being hired. Each case will be reviewed to assess the relevance of an arrest charge or conviction to a hiring decision and/or continued employment.

NOTE: We will not process your application without completion of this form.

The personal information listed below is used only for identification purposes related to the Criminal Background Check.

Name: _____
Print Full Name Social Security Number

Signature: _____ Date: _____

Pre-Employment Drug Testing Consent and Release Form

for

Family Resource Agency

I hereby consent to submit to urinalysis and/or other tests as shall be determined by Family Resource Agency in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I agree that the facility chosen by Family Resource Agency of North Georgia may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the company for analysis.

I further agree to and hereby authorize the release of the results of said tests to the company.

I understand that it is the current illegal use of drugs and/or abuse of alcohol that prohibits me from being employed at this Company.

I further agree to hold harmless the Company and its agents (including the above named physician or clinic) from any liability arising in whole or part out of the collection of specimens, testing, and use of the information from said testing in connection with the Company's consideration of my employment application.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant:
Print Name _____ S.S.#: _____ - _____ - _____

Applicant:
Signature _____ Date: _____ / _____ / _____

FAMILY RESOURCE AGENCY OF NORTH GEORGIA DRUG FREE WORKPLACE



Pre-Employment Drug Screen, Physical and TB Test required
prior to employment.

Agency will pay for the Drug Screen, Physical, and TB Test.



**IN ORDER TO BE HIRED THE FOLLOWING WILL BE
REQUIRED:**

CRIMINAL BACKGROUND CHECK

DRIVER'S LICENSE

PROOF OF EDUCATION

SOCIAL SECURITY CARD (or other appropriate ID)

INDIVIDUAL'S PERSONAL BANK ROUTING AND ACCOUNT NUMBER
FOR DIRECT DEPOSIT

PROSPECTIVE EMPLOYEE WORKING INTERVIEW –
For Classroom and Food Service Staff;
Minimum 1 hr; Be prepared to be in classroom

**ALL SECTIONS OF APPLICATION MUST BE COMPLETED
EVEN IF RESUME IS ATTACHED.**