



# NICAA HEAD START APPLICATION FOR EMPLOYMENT

Position Applied for \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number (H) \_\_\_\_\_ ( C ) \_\_\_\_\_

Are you currently a Head Start parent? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you obtained your High School Diploma or GED? \_\_\_\_\_

Do you have Associates or Bachelor's Degree in Early Childhood or a related field?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what degree \_\_\_\_\_

Have you ever been convicted of a crime that would prevent you from working with children?

Yes \_\_\_\_\_ No \_\_\_\_\_

Summarize special job related skills and qualifications that you have acquired from employment or other experiences.

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Signature of Applicant

Date