

HIGHLAND RIM ECONOMIC CORPORATION

JILL ORTAGO, EXECUTIVE DIRECTOR

Items to Accompany Employment Application

- 1. Three letters of Recommendation
 - •
 - Listed from page 2 of the application
 - Cannot be a relative or current employee

2. High School/GED Diploma

3. Secondary education transcripts, diplomas and/or certifications

If you are submitting your application via e-mail, follow directions by browser you are using:

Internet Explorer with Adobe Installed:

- 1. Fill out Form as provided.
- When finished, click "Save as Copy", the disk in the upper left hand corner underneath tabs in preferred location.
- 3. Attach file to preferred e-mail provider.

Microsoft Edge/Google Chrome/Firefox: (Adobe Reader Required)

- 1. Download file to Hard Drive in preferred location.
- 2. Close the browser.
- 3. Navigate to file location and double-click file to open in Adobe Reader.
- 4. Fill out form as provided.
- 5. Click on Disk in upper right hand corner of the document to save copy.
- Attach file to preferred e-mail provider.

Email to: Bethany Finch <u>bfinch@hghlndrim.org</u>

Fax to: 931.289.5311

Mail to: Highland Rim Economic Corporation

P.O. Box 208 Erin, TN 37061 Attn: B. Finch

213 College Street • P.O. Box 208 • Erin, Tennessee 37061 • Telephone: (931) 289-4101 • Fax: (931) 289-5311

Highland Rim Economic Corporation Employment Application

Highland Rim Economic Corporation is an Equal Employment Opportunity Employer. No question on this application is used for the purpose of discriminating, limiting, or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

PLEASE PRINT IN INK OR TYPE. RESUMES MAY BE ATTACHED BUT MAY NOT SUBSTITUTE THIS FORM

Applying for Position(s) of:				
Enter your first, middle, and last name exactly as it appears on your First Name Middle Name/Initial Last Name		social security card.	Date of Application	
Street Address		Mobile Number	Home or Msg Number	
City, State, Zip		E-mail Address		
TN Driver License & Class or ID #		Minimum Salary/Wage Accepted		
Do you have an automobile with insurance? Are you legally eligible to work in the USA? Any relatives employed with HREC? Are you a former or current parent of a child enrolled in the If yes, name of Head Start center where child(ren) enrolled: I am available to work (check all that apply): Part-Time I am willing to work ONLY in the following Counties: Check Humphreys	O <i>Proof will be</i> elative's Head Start Pro: : □Full-Time box(es):	ogram? Temporary Up to	_Relationship: □YES □NO _Year Enrolled:	
PLEASE LIST EMPLOYMENT HISTORY BELOW FOR THE			IRRENT/ MOST RECENT	
CURRENT/LAST EMPLOYER: Address: Telephone Number: Employed From: (Mo./Yr.) to (Mo./Yr.) Supervisor: Reason for leaving or wanting to leave: CURRENT/LAST EMPLOYER: Address:	Position Held Duties Perfor Position Held Duties Perfor	med:		
Telephone Number: Employed From: (Mo./Yr.) to (Mo./Yr.) Supervisor: Reason for leaving or wanting to leave:	Duties Perior	mea.		
CURRENT/LAST EMPLOYER: Address: Telephone Number: Employed From: (Mo./Yr.) to (Mo./Yr.) Supervisor: Reason for leaving or wanting to leave:	Position Held Duties Perfor			
May we contact the above employers? □YES □NO - Explain Why not:	n Below □ A	II except:	_	

EDUCATION AND TRAINING

NOTE: Please attach copies of any degrees.

School	Name and Location (City/State)	No. of years completed	Did you graduate?	Degree(s)	Major	
High School			Yes□ No□	Diploma □ GED □		
College(s) University			Yes□ No□	AA AS BS BA BS BS BS BS BS BS		
Vocational or other Certifications			l	, maon copiec		
		SKILL	S/ABILITIE	:S		
In what lang	guage(s) are you FLUENT ? Enç	glish: □Sp	oeak □Rea	d □Write Spanish: □Sp	oeak □Read □Write	
Other(s):		_ Typing	g (net wpm)	□Ten Key By	Sight□ By Touch□	
With what co	mputer programs and/or software a	are you kno	wledgeable a	nd experienced?		
Other skills/a	bilities:				_	
	ur career goals?					
	PERSON	AI FMPI	OVMENT	REFERENCES		
	LKOON	AL LIVII L	OTNENT	KEI EKEKOEO		
	SE LIST THREE PERSONS VE KNOWLEDGE OF YOU					
1	NAME		0.00115			
2			OCCUP	ATION	TELEPHONE	
2	NAME		OCCUP	ATION	TELEPHONE	
3	NAME		000110	ATION	TELEBLIONE	
	NAME		OCCUP.	ATION	TELEPHONE	
	HOW DIE	YOU LE	ARN OF TH	IS POSITION?		
☐ Job Ann	ouncement Flyer 🗆 · Adverti	sement (s	specify sou	rce)		
□ Website	□ · A Friend or Relative □ 0	Other (spe	ecify) _			
	APPLICANT	'S CERTIF	FICATION A	ND AGREEMENT		
I am employed by signing be liability and its information. I routine contact	ne facts set forth in this Application for d, false statements may result in disr low, to make an investigation of any is representatives for seeking such in further understand that all persons cet with children will be required to un also understand that qualified curpsition.	missal, regar facts and a aformation ar onsidered fo adergo a sta	dless of the till references sond all other portains a position in tean of the and federal	me elapsed before discovery. set forth in this application. I ersons, corporations or organi the Head Start Program or one criminal record clearance pric	I hereby authorize HREC, hereby release HREC from izations for furnishing such a that requires frequent and or to and as a condition of	
APPLICATION MUST BE COMPLETE, SIGNED, AND DATED TO BE CONSIDERED.						
	APPLICANT'S SIGNATURE			DAT	E 06/01/18	

CHILD DEVELOPMENT/EARLY CHILDHOOD EDUCATION SUPPLEMENTAL INFORMATION

Please complete this form <u>only</u> if applying for a position which requires a degree, permit, or courses in <u>Child Development/Early Childhood Education or related field</u> and attach copies of such. Applications that do not include copies of required child development coursework, permits, or degrees will not be considered.

Expires Expires Expires Expires Expires Expires Expires Expires Expires Expires Expires Expires UI COURSE UI Expires UI Expires Limit CPR Certificate Expires: COURSE UI COURSE UI COURSE Expires Expir	es by name a	ECE and/or infar	t CPR Certificate Expires: te list the child development/l umber of units awarded each. the submitted with this application (or
Expires Expires Expires Expires Infant CPR Certificate Expires: Please list the child development/ECE and/or infant/toddler courses by the number of units awarded each. Transcripts or grade cards for child development be submitted with this application (copies will suffice at this time). No exception	es by name a	ECE and/or infar	t CPR Certificate Expires: te list the child development/l umber of units awarded each. the submitted with this application (or
Expires	es by name adevelopment unceptions.	ECE and/or infar	t CPR Certificate Expires: te list the child development/l umber of units awarded each. the submitted with this application (or
First Aid Certificate Expires: Infant CPR Certificate Expires: Please list the child development/ECE and/or infant/toddler courses by the number of units awarded each. Transcripts or grade cards for child development be submitted with this application (copies will suffice at this time). No exception	es by name adevelopment unceptions.	ECE and/or infar	t CPR Certificate Expires: te list the child development/l umber of units awarded each. the submitted with this application (or
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COURSE	UNITS		COURSE

Highland Rim Economic Corporation

DISCLOSURE/AUTHORIZATION INVESTIGATIVE FORM

In connection with employment opportunities, Highland Rim Economic Corporation may request investigative information from various federal, state, and other agencies, including public and private sources which maintain public records concerning your past activities relating to your driving record, criminal record, civil matters, previous employment, educational background and professional licensing, if any.

AUTHORIZATION:

fax or copy of this Disclosure/Au	uthorization Form d for all federal, s at any time during	bearing my state, county g the tenure	• •	
Current Address				
City	State	Zip	Home Phone	_
DL #			State	_
Applicant Signature			Date	_
Highland Rim Economic C Information will be provided to r the information.	corporation by me within seven I	checking business day	investigative information obtained the appropriate box provided be ys after HREC HR Department, rece	low.
I request to receive a free copy of	t investigative into	ormation by o	checking this box \square	