

Application for Substitute

When submitting an application for Substitute please complete/provide the following forms/documents:

Application (Please complete all items/questions)

Residency Requirement – Must live in the State of Tennessee

Memo of Understanding – By signing this form you are aware that employment is not guaranteed unless the applicant passed the physical and background check.

Job Description – Please read, sign and date.

Three (3) references – All three must be completed and returned. (See note below regarding these references)

You will also need to provide a copy of the following items:

Copy of Social Security Card

Copy of Driver's License

Educational Credentials – (High School Diploma, GED Certificate, or College Degree)

In addition, the Licensing Department requires that the three (3) references be of individuals who can vouch for your interaction with children, this can be a church or community entity, a previous place of employment who can answer questions regarding your interaction with children, an individual for who you may have done child care service (whether paid or volunteered), or any other center or entity that has witnessed your interaction with children. (Three (3) forms are attached to this packet).

Please return these forms to the Center from where you picked them up and they will forward to Human Resources for review, once your application is approved, the Human Resources Technician will contact you with an appointment to undergo the fingerprint background check. Once your background is cleared we will schedule a physical and TB screening with our medical facility. INCOMPLETE APPLICATIONS WILL BE RETURNED.

Mailing Address:
 City of Chattanooga
 100 E. 11th Street, #302
 Chattanooga, TN 37402

EMPLOYMENT APPLICATION

Office Location:
 302 City Hall Annex
 100 E. 11th Street
 Phone: (423) 757-5200

THE CITY OF CHATTANOOGA IS AN EQUAL OPPORTUNITY EMPLOYER

Review the Minimum Qualifications listed on the job announcement. Then, if you feel you qualify, complete this application. **FILL IN ALL ITEMS.** Be thorough, since your answers determine whether you will be considered for this position. Your completed application, together with all supplementary materials specified on the job announcement, must be received by the City of Chattanooga Personnel Department no later than 4:30 p.m. on the closing date specified in the job announcement. We cannot process incomplete, undated or unsigned applications. Neither can we be liable for materials lost or delayed in the U. S. mail.

Print in Black Ink or Type - Sign on Last Page

GENERAL EMPLOYMENT INFORMATION

Have you previously worked for the City of Chattanooga?
 NO YES

If yes, dates: _____

How did you learn of this opening?

Are you a U. S. Citizen?
 NO YES

If no, enter Alien Work Permit Number: _____

Date of Birth ____/____/____
 (Complete only if there are posted age requirements.)

Have you ever been convicted of any offense other than a minor traffic violation?
 NO YES

(Conviction of a crime is not necessarily a bar to employment.)

Do you possess a valid driver's license? NO YES

License No. _____

Class/endorsements _____

Issuing State _____ Expiration Date _____

Are you interested in working: Temporary NO YES
 Part-Time NO YES

Personal References

Name	Address	Phone

Other Valid Licenses and Certificates you hold:

Type of License or Certificate	Issuing State	Registration Number	Expiration Date

EDUCATION

When claiming college, business or vocational school credit for meeting minimum qualifications, you may be required to submit a copy of your degree or a legible photocopy of your up-to-date transcript with this application. Failure to do so may delay processing or disqualify your application. All papers submitted become the property of the City of Chattanooga Personnel Department and cannot be returned.

Complete only if requirement of position (see minimum qualifications on job announcement).

Do you have a high school diploma? NO YES Do you have a GED certificate? NO YES

If yes, indicate school name and address:

School _____ Address _____

If no, indicate highest grade completed: _____

LIST SCHOOLS ATTENDED AFTER HIGH SCHOOL AND ANY SPECIAL TRAINING YOU HAVE RECEIVED:

Colleges/Universities Name and Address	FROM	TO	Field of Study	Units Completed	Certificate or Degree Awarded	
	Mo./Yr.	Mo./Yr.				
			Major: Minor:	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		
			Major: Minor:	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		
			Major: Minor:	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		
Business/Trade Schools Name and Address	FROM	TO	Subject	Hours Per Week	COMPLETED	
	Mo./Yr.	Mo./Yr.			YES	NO
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

LAST NAME
 FIRST
 MIDDLE
 SOCIAL SECURITY NUMBER
 TITLE OF POSITION APPLIED FOR
 RECRUIT #

ADDRESS NUMBER & STREET/APT. #
 CITY
 STATE
 ZIP CODE
 TELEPHONE HOME () MESSAGE ()
 E-MAIL ADDRESS

EXPERIENCE

List the positions that you have held, starting with your most recent one. If more than one position has been held with the same employer, list each separately. **THIS SECTION MUST BE COMPLETED IN DETAIL. YOU ARE ENCOURAGED TO ATTACH A RESUMÉ IF YOU WISH, BUT REFERENCE TO A RESUMÉ IN LIEU OF COMPLETING THIS SECTION CANNOT BE ACCEPTED.** Describe each different assignment in the military service. Under "duties" describe your job in sufficient detail so that we can determine your tasks and the level of responsibility. If you have had more than three (3) jobs or wish to add more detail to the "duties" section, please request and complete an experience addendum sheet and attach. Please include volunteer experience. Jobs and/or volunteer experience listed may require verification.

CURRENT EMPLOYER:	ADDRESS:	From: ____ / ____ Mo. Yr.
May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>		
YOUR TITLE:	SUPERVISOR'S NAME & TELEPHONE NUMBER:	To: ____ / ____ Mo. Yr.
REASON FOR LEAVING		Salary _____

DUTIES (Be Specific):

EMPLOYER:	ADDRESS:	From: ____ / ____ Mo. Yr.
YOUR TITLE:	SUPERVISOR'S NAME & TELEPHONE NUMBER:	To: ____ / ____ Mo. Yr.
REASON FOR LEAVING		Salary _____

DUTIES (Be Specific):

EMPLOYER:	ADDRESS:	From: ____ / ____ Mo. Yr.
YOUR TITLE:	SUPERVISOR'S NAME & TELEPHONE NUMBER:	To: ____ / ____ Mo. Yr.
REASON FOR LEAVING		Salary _____

DUTIES (Be Specific):

This application will be used for one position only. If you wish to apply for other positions with the City of Chattanooga, submit an application for each position. A photocopy of this application may be used for other positions, but each one must bear an original signature. Reference on this application to materials submitted with other applications cannot be considered. Since the information you submit on this application may be a part of and/or the entire examination process, your failure to complete information could delay or even disqualify you from consideration for appointment. We can only make changes in address or telephone numbers upon written request.

I certify that the statements made by me on this application are, to the best of my knowledge, true, complete and correct. I understand that any misrepresentation or material omission of fact on this or any other document required by the City, if employed, may be considered as constituting grounds for disqualification and/or dismissal. I further understand that any offer of employment is subject to successful completion of components appropriate to the position, such as physical examinations, drug testing, psychological exams and/or background investigation. I therefore agree to release to the City's assigned doctor or examiner any information needed for my physical examination and/or employment screening. Having applied for employment with the City of Chattanooga, I do hereby agree and do give my consent that any person, firm or organization listed hereon is authorized to furnish the City with personal or reference material concerning my character and/or past employment and that I waive the right to be informed of information received from any source whether I am accepted or rejected for the position. I further agree and hereby give my consent for the City to furnish any statistical data regarding this application which may be required for compliance with Equal Employment Opportunity Guidelines.

I also understand that all employees of the City of Chattanooga must be residents of the State of Tennessee as per federal ruling effective January, 1990.

Signature _____ Date _____

Last Name _____ First Name _____ Middle Initial _____
(Please Print)

Social Security Number _____



CITY OF CHATTANOOGA RESIDENCY REQUIREMENT

The Chattanooga City Charter requires the following residency requirement (June 1990):

“All employees of the City shall either be registered voters in the State of Tennessee, or eligible to vote in the State of Tennessee...”

Please note the following:

- A person must be a resident of the State of Tennessee to be a registered voter.
- Employees may reside in any city/county within the State of Tennessee.
- Employees may use a post office box as a **secondary address**. The City still must have the employee's **actual home address**.

**ANY EMPLOYEE WHO MOVES OUTSIDE THE STATE OF TENNESSEE
WILL FORFEIT HIS/HER POSITION WITH THE CITY OF CHATTANOOGA.**

I have read and understand this provision.

Name (PRINT)

Address of Current Residence

City

State and Zip Code

Signature

Date



City of Chattanooga
Department of Youth and Family Development
Head Start / Early Head Start Program

Lurone Jennings, Sr.
Administrator

Sherry L. Hutsell
Director

MEMORANDUM OF UNDERSTANDING

I UNDERSTAND that if the Department of Youth & Family Development Head Start/Early Head Start Program offers me employment it will be pending my approval by the Head Start/Early Head Start Policy Council, successful completion of the City of Chattanooga's pre-employment physical, and verification of reference checks. I further understand that, since Head Start/Early Head Start is a program serving young children, it will be necessary for me to be fingerprinted, and a background check conducted by the State of Tennessee, Department of Human Services' Investigation Division.

I UNDERSTAND that if I do not successfully complete these requirements, my employment will not be granted.

Signature

Print Name

Date

Witness

Title

HS #83

Revised 07/13

JOB DESCRIPTION

Pos. Title: Child Care Asst./Substitute Dept: Youth & Family Development Div: Head Start/EHS

Reports To: Lead Teacher/Center Supervisor

Supervises: N/A

1. General Character of Duties:

Under the supervision of the Teacher or Teacher Assistant, the Child Care Assistant/Substitute assists in providing a developmentally appropriate curriculum for children in assigned classrooms and in completing supplemental responsibilities related to the education component. Under the supervision of the Lead Teacher, and/or Family Service Supervisor, will be assigned to ride daily bus routes as a Bus Assistant if needed.

2. Example of Specific Duties:

Assists in planning and carrying out lesson plans, assists in assessment and setting goals for children, assists in maintaining accurate records and reports, assists in keeping the environment orderly and clean, rides bus with children when needed, and encourages parent participation in program. Monitors children boarding buses, assuring that they are being placed in safety seats and restraints; monitors bus logs; greets parents; leads bus activities and acts as communication liaison between bus route and center staff.

3. Minimum Qualifications:

Must have a High School Diploma or equivalent and experience in working with young children, either as a paid worker or as a volunteer. Must be fluent in the language used by the families served. Must be trained in Head Start/Early Head Start bus procedures.

4. Desired Qualifications:

A two-year Associate Degree in Early Childhood is desirable. The applicant should have the ability to relate to children and adults. The above standards express the minimum standards of education and experience for this position. Other combinations of education and experience, if evaluated as equivalent, may qualify applicant for consideration. Parents of Head Start/Early Head Start children, if a qualified applicant, will be given preference.

5. Other Significant Facts:

A physical examination and TB skin test or chest X-ray are required prior to working with children. Must be willing to enroll in Child Development Associate (CDA) Training and obtain a credential, as program funds are available. Must be able to pass requirements of the Physical/Environment Demands Worksheet for this position.

SEE ATTACHED PHYSICAL/ENVIRONMENTAL DEMANDS WORKSHEET

PERFORMANCE PLAN
Job Elements

Child Care Assistant/Substitute

1. Assists in maintaining a safe, healthy, and cognitively oriented learning environment, both in the classroom and on a bus route. Must emphasize safety to children on routes.
2. Assists teaching staff in following a consistent routine and participates in classroom activities. Conducts safety activities during bus routes.
3. Assists in promoting social and emotional development of children, and follows teacher's direction in maintaining classroom discipline using positive guidance techniques. Works as a team with bus drivers in order to provide the same positive standards on the bus routes.
4. Maintains positive communication with parents and shares program information.
5. Assists in maintaining records and submits reports as instructed by teaching staff, and/or Center Supervisors.
6. Demonstrates work habits which comply with agency personnel policies and procedures, completes special assignments from immediate supervisor or Head Start/EHS Director.


Name of Employee

Signature of Employee

Date

City of Chattanooga Head Start/EHS Centers

Your name was given as a reference by _____ who has applied for the position of Classroom Substitute in our child care center. As a condition of employment, any applicant/employee must have on file a record of three reference contacts. Please complete the questionnaire and return it as soon as possible. Our office will be contacting you to confirm your statements. Thank you for your attention to this matter.



Head Start/EHS Director

Your Name: _____

1. How long have you known the applicant? _____
a. In what capacity? (Your relationship) _____

2. How do you feel about his/her emotional and physical ability to handle the responsibilities involved in providing daily child care?

3. Have you observed him/her with children?
If so, in what situations? _____

4. What particular skills does he/she have in dealing with children?

5. Does he/she understand the needs of young children? _____

6. Do you have concerns about his/her ability to provide child care? _____
If so, explain. _____

7. Do you know of any conditions making this applicant unsuitable for employment in a child care center?
If so, please describe.

8. Additional comments: _____

Signature Daytime Phone Number Date

City of Chattanooga Head Start/EHS Centers

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6. Do you have concerns about his/her ability to provide child care? _____
If so, explain. _____

7. Do you know of any conditions making this applicant unsuitable for employment in a child care center?
If so, please describe.

8. Additional comments: _____

Signature

Daytime Phone Number

Date

CONFIDENTIAL

REFERENCE QUESTIONNAIRE

City of Chattanooga Head Start/EHS Centers

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If so, explain. _____

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Signature

Daytime Phone Number

Date