

## COMMUNITY ASSISTANT, HEAD START/EARLY HEAD START SUPPLEMENTAL QUESTIONNAIRE

Name: \_\_\_\_\_

***Applicant Information:*** *The recruitment process for this position will include an evaluation of the information you provide on this supplemental questionnaire. This supplemental questionnaire must be completed and uploaded along with your online application by **3:30 p.m., on the designated deadline date.***

*Please include all information when responding to questions including various positions you may have held. You may attach additional pages, if needed, to thoroughly respond to the questions.*

1. List all job related experience you have in addition to the required one year of work experience related to:
  - Child development
  - Developing community based resources for families for Head Start/Early Head Start programs
  - Working with others to achieve team goals
  - Recruiting and enrolling families

Employer: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

2. Describe your knowledge and/or experience working with low-income and at-risk families.

Employer: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

3. Describe your knowledge and/or experience with Head Start or an Early Education program (*e.g. infant/toddlers, preschool program*).

Employer: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

## CERTIFICATION

*I hereby declare that the statements on this supplemental application are true and complete to the best of my knowledge. I hereby authorize the RCOE to contact the references listed to verify the information I have supplied. I hereby release from liability all persons and organizations furnishing such information. I understand that the district reserves the right to validate information received on the supplemental application and that I will be subject to disqualification and/or termination if any statement in this supplemental application is found to be untrue or determined to be misleading.*

**Signature:**

**Date:** \_\_\_\_\_

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