

PROGRAM DEVELOPMENT SPECIALIST – MIGRANT HEAD START PROGRAMS
SUPPLEMENTAL QUESTIONNAIRE

Name: _____

Applicant Information:

The recruitment process for Program Development Specialist – Migrant Head Start Programs will include an evaluation of the information you provide on this Supplemental Questionnaire. This questionnaire must be completed and attached to your EdJoin application prior to the position **closing at 3:30 p.m. on the closing 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. This position must comply with Head Start rules and regulations. Please describe your knowledge and experience in a Head Start program and the rules and regulations that govern the program.

Employer: _____
Dates of Employment: _____
Supervisor Name: _____
Phone Number: _____

2. This position will be responsible for preparing a variety of reports. Please describe your experience preparing reports based on statistical data.

Employer: _____
Dates of Employment: _____
Supervisor Name: _____
Phone Number: _____

CERTIFICATION

I hereby declare that the statements on this supplemental questionnaire 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 questionnaire 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.

Name: _____

Signature: _____

Date: _____

This Supplemental Questionnaire must be completed and attached to your Ed-Join application prior to the position **closing at 3:30 p.m. on the closing date.**