Rainbow Learning Enrichment

**River Valley Migrant & Seasonal Head Start**

202N. Schuyler S-107, Kankakee, IL 60901

Ph: (815) 932 0569 Fax: (815) 932 0595

[www.rvmshs.org](http://www.rvmshs.org)



*DBA*

**Illiana Migrant Head Start**

150 South Randolph Street, Sheldon IL 60966

Ph: (815) 429 3174 Fax: 815 429 3195



Last First Middle

Home Address (no mail boxes) City / State Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address (if different from home) Street /P.O. Box # City / State Zip Code

Home Telephone Mobile E-mail

Position: Desire pay range: $

Describe your experience working with families/staff from different background and income levels:

List of skills relevant to the position:

Bilingual is a plus, what are your competency levels?

Language Speak Read Write Primary Language Y/N?

English:

Spanish:

Other:\_\_\_\_\_\_\_\_\_\_\_

**Education (**please only mark the last one you attended**):**

\_\_\_\_Less than High School \_\_\_\_GED \_\_\_\_ High School \_\_\_\_ AA \_\_\_\_ BA \_\_\_\_MA \_\_\_\_PHD

Last School/College’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City & State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduation date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not graduated, current college credits: \_\_\_\_\_\_\_\_\_\_\_ College/University\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What type of credits?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional Credentials / Certificates, License:

**PREVIOUS EXPERIENCE (MOST RECENT FIRST)**

|  |  |  |  |
| --- | --- | --- | --- |
| 1.- Dates Empployed | Company’s Name | Location | Telephone # |

Duties performed?

Reason for leaving?

|  |  |  |  |
| --- | --- | --- | --- |
| 2.- Dates Empployed | Company’s Name | Location | Telephone # |

Duties performed?

Reason for leaving?

|  |  |  |  |
| --- | --- | --- | --- |
| 3.- Dates Empployed | Company’s Name | Location | Telephone # |

Duties performed?

Reason for leaving?

**List three verifiable references from persons not related to you.**

|  |  |  |
| --- | --- | --- |
| Name | Profession | Telephone Number(s) |
|  |  |  |
|  |  |  |
|  |  |  |

**Important Notes:**

**\*** By signing this application you are certifying that all the above is true and you are able to:

\*Pass an extended criminal background check which includes CANTS, State Police and FBI.

\*Pass a physical examination, and drug testing.

\*Present a valid state ID / Driver License, current resident card (if applicable) and Social Security Card.

\* RLE reserves the right to assign location of employment at any time (Kankakee or Sheldon).

|  |
| --- |
| Comments: |

Signature Date

E-mail this application to [m.anderson@rvmshs.org](mailto:m.anderson@rvmshs.org) or fax it to 815 932 0595