

Application for Employment

Community Action Program Committee, Inc.

PLEASE PRINT

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application _____ / _____ / _____

Name _____
Last First MI

Address _____
Street (include apt. #) City State Zip

Social Security # _____ / _____ / _____ Telephone # () _____ Other # () _____

If necessary, best time to call you at home is _____ : _____ AM or PM

Date available for work _____ Will you travel if the job requires it? _____

Are you able to meet the attendance requirements of the position(s)? _____

Have you ever worked in a facility that has had a license denied, revoked, or suspended in any state or jurisdiction; or has been the subject of a disciplinary action; or been fined while employed in a child care facility? _____

Have you ever been convicted of a felony or pled "No Contest" to a felony charge? _____

If yes, please explain: _____

Do you own a vehicle? Yes _____ No _____ If so, can it be used in your work? Yes _____ No _____

Driver's license number (please indicate the issuing state): _____

Educational Background

A. List last three (3) schools attended. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. The date of graduation. E. Major field of study

(A) SCHOOL	(B) NUMBER OF YRS. COMPLETED	(C) DEGREE/ DIPLOMA	(D) GRADUATION DATE	(E) MAJOR
High School				
Community College				
University				
Business or Trade School				

If you did not graduate from High School, do you have an equivalency (GED) certificate? Yes _____ No _____

Do you have a national CDA certificate? Yes _____ No _____

An Equal Opportunity Employer

Employment History

Provide the following information for your past and present employers, assignments, or volunteer activities starting with the most recent (use additional space provided if necessary). Explain any gaps in employment in the comments section below.

EMPLOYER	TELEPHONE	DATES EMPLOYED FROM TO		SUMMARIZE THE TYPE OF WORK PERFORMED AND RESPONSIBILITIES
ADDRESS				
JOB TITLE		RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? YES __ NO __		\$	PER	
EMPLOYER	TELEPHONE	DATES EMPLOYED FROM TO		
ADDRESS				
JOB TITLE		RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? YES __ NO __		\$	PER	
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IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? YES __ NO __		\$	PER	

COMMENTS INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT

SKILLS and QUALIFICATIONS— Summarize any special training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position(s) for which you are applying.

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering, and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for one (1) year. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and the employer reserves the same right to terminate my employment at any time, with or without cause except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. Resignations must be submitted in accordance with the agency's personnel policies and procedures.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization within three (3) days.

I further understand that this company is a **DRUG FREE WORKPLACE** and if selected for employment, I must submit to a drug test prior to being employed and during employment.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Employment applications are the property of the agency.

Signature of Applicant

Date