

EMPLOYMENT APPLICATION

It is Community Action Council's policy to select new employees and to promote current employees based upon qualifications without regard to race, creed, religion, disability, color, sex, national origin, age, marital status, political opinion or sexual orientation. Each selected applicant must meet all requirements which may include successful completion of oral or written examination, a medical examination and a confidential background investigation.

Position Applying For:	Date of Application:
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Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s): Home: _____ Work: _____ Cell: _____			
E-Mail Address: _____			

Do you possess a valid motor vehicle operator's license? Yes No Type/Class: _____

Have you ever been employed with us before? Yes No
 If yes, give date: _____

Do any of your friends or relatives, other than spouse, work here? Yes No
 If yes, state name and relationship: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment

Date available to work ___/___/___ What is your desired salary range? _____

Are you available to work: Full Time Part Time Temporary

Can you travel if a job requires it? Yes No

EDUCATION AND TRAINING

School	Name and address of school	Course of Study	No. of Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other(Specify)				

EMPLOYMENT HISTORY

Instructions: Please provide a complete employment history. Listing all positions held, including military, part-time, summer, and volunteer. Use additional sheets if necessary. If submit a resume, you must complete all information except "duties".

PRESENT OR MOST RECENT POSITION:

Employer Name:	Dates Employed From ___/___/___ To ___/___/___	Duties
Address:		
Telephone Number(s):	Hourly Rate/Salary Start \$ _____ Final \$ _____	
Job Title:		
Name and Title of Supervisor:		
Reason For Leaving: _____		
Number of Employees Supervised: _____ Types of employees supervised: _____		

FORMER POSITION:

Employer Name:	Dates Employed From ___/___/___ To ___/___/___	Duties
Address:		
Telephone Number(s):	Hourly Rate/Salary Start \$ _____ Final \$ _____	
Job Title:		
Name and Title of Supervisor:		
Reason For Leaving: _____		
Number of Employees Supervised: _____ Types of employees supervised: _____		

FORMER POSITION:

Employer Name:	Dates Employed From ___/___/___ To ___/___/___	Duties
Address:		
Telephone Number(s):	Hourly Rate/Salary Start \$ _____ Final \$ _____	
Job Title:		
Name and Title of Supervisor:		
Reason For Leaving: _____		
Number of Employees Supervised: _____ Types of employees supervised: _____		

OTHER QUALIFICATIONS

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

OTHER QUALIFICATIONS

Special Qualification: (Include active technical/professional licenses and academic or professional awards, etc.)

Additional Information

List below any additional information you consider pertinent to your application for employment.

GENERAL INFORMATION

Affirmative responses to the following questions will not automatically exclude you from employment consideration.

Have you ever been dismissed or asked to resign from any position for reasons other than disability? _____

If Yes, please explain: _____

Have you ever been convicted of an offense in an adult court? _____

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.: _____

PROFESSIONAL REFERENCES

Name	Phone Number	Best Time To Call	Occupation
1.			
2.			
3.			

The information on this application is accurate and may be verified by the Community Action Council, An Equal Opportunity Employer. I understand and agree that any misleading or incorrect statements may render my application void and could be cause for dismissal in the event of employment.

Signature of Applicant

Date