

# CAPC OF JEFFERSON CO., INC.

## APPLICATION FOR EMPLOYMENT

Please **TYPE** or **PRINT** clearly. To be considered for employment, this *Application for Employment Form* must be completed and signed personally by the applicant. Each question must be answered in full, even if a resume is provided. If an answer is NO or NOT APPLICABLE, indicate such.

We are an **Equal Opportunity Employer**. We consider all applications for all positions without regard to race, color, religion, gender, national origin, age, sexual orientation, physical or mental disability, marital status, veteran status, or any other legally protected class or status.

Please notify Human Resources if you require a reasonable accommodation to participate in the application and/or interviewing process.

BIOGRAPHICAL DATA	Position(s) Applied For		Date	
	Name (First, Middle, Last)		Telephone Number (     )	
	Street Address			
	City		State	Zip Code
	Are you Available to Work <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary (check all that apply) <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Nights		Date Available to Start Work _____ Salary or Hourly Wage Desired _____	
	Are you 18 years of age or older?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your employer to obtain employment information?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever submitted an application and/or interviewed for employment with our agency? If yes, give month and year ____/____			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever been employed with our agency before? If yes, give dates From ____/____/____ to ____/____/____			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States? <i>Employment eligibility will be verified upon employment.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have received a copy of the job description for the position for which you are applying, can you perform the essential functions of this job with or without reasonable accommodation? (Check either: Yes, No, or N/A (I have not been provided a copy of the job description))			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

EDUCATIONAL BACKGROUND	Type of School Attended	Name and Location of School		# of Years Completed	Course of Study/Major	Diploma or Degree Obtained
	High School					
	College					
	Dates Attended	From	To			
Other						

SKILLS	List any additional skills, training, and/or technical/professional knowledge that is relevant to the job for which you are applying:		List any certificates, licenses, or professional achievements that would support your qualifications for employment:	
	Drivers' License Identification Number: _____ State _____ (Provide your driver's license ID number only if it is a requirement of the position for which you are applying)			

**EMPLOYMENT HISTORY** Provide employment information, including military service, for the last 15 years, starting with the most recent employer first. If you've held more than three jobs, provide this information on another sheet and attach to this form.

Name of Employer		Telephone Number (    )		
Address	Street	City	State	Zip Code
Employment Dates (Month/Year) From ____/____/____ to ____/____/____		Starting Hourly Wage/Salary	Final Hourly Wage/Salary	
Job Title of Position(s)		Name and Job Title of Supervisor		
Brief description of job duties, responsibilities and significant accomplishments				
Reason for leaving				

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Job Title of Position(s)		Name and Job Title of Supervisor		
Brief description of job duties, responsibilities and significant accomplishments				
Reason for leaving				

**REFERENCES** List three references other than relatives or former supervisors (one must be personal)

Name/Occupation	Address	Telephone #	Years Known
1.			
2.			
3.			

## CONVICTION RECORD STATUS

All applicants and employees must, as a condition of employment, inform the company of all convictions. This includes all convictions received within the past seven years, while your application for employment is pending, and within seven days of receiving a conviction if currently employed.

Have you ever been convicted of, and/or plead guilty to, a felony or misdemeanor in the past seven years?  Yes  No

If you answered 'yes' and have been convicted of a felony or misdemeanor, please provide additional information such as the crime(s), date(s), court location, sentencing information, disposition of sentence, and rehabilitation completed. Please note that a 'yes' answer to this question does not necessarily disqualify an applicant from employment. Factors that will be taken into account include the nature of the conviction as it relates to the job applied for, the amount of time that has elapsed since the conviction and/or completion of sentence, and the seriousness of the offense. The company reserves the right to reject individuals for employment based on job-related convictions.

Date of Offense	County and State in which Offense Occurred	Conviction/Explanation	Rehabilitation Completed

## PLEASE READ CAREFULLY AND SIGN BELOW

I hereby certify that all of the information I have provided on this *Application for Employment Form* is accurate and complete to the best of my knowledge. I understand that any misrepresentation or omission of facts will disqualify me from further consideration of employment, withdrawal of any offer of employment, or termination of employment, if hired.

I authorize verification of all of the information I have provided on this *Application for Employment Form* as well as any additional information needed to consider my application for employment. I authorize all previous employers, educational institutions, references, and other persons who have knowledge of me or my records to provide any and all information pertinent to my employment and release the same from any liability resulting from providing such information. I also release this organization and all of its employees from all liability for any damage that may result from reliance on the information furnished.

The company is committed to providing a drug and alcohol-free workplace. After receiving a conditional offer of employment, I understand that a random drug test could occur at anytime during my employment. If the results of the test are positive, I understand that the offer of employment will be withdrawn.

If employed, I agree to abide by all policies, procedures, rules, and regulations of the organization. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated by myself or the company at any time with or without cause or notice. I further understand that the policies, procedures, rules, and benefits contained in the employee handbook, benefit plans, and other written documents should not be considered an employment contract for any period of time.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

**APPLICANTS: PLEASE RETURN THIS FORM WITH YOUR APPLICATION**

**Community Action Planning Council of Jefferson County, Inc.  
APPLICANT/EMPLOYEE VOLUNTARY SELF-IDENTIFICATION**

**This information will not be used as selection criteria and will be treated as confidential.**  
**This information will be kept separate from your Employment Application.**

Date \_\_\_\_\_ Name \_\_\_\_\_

**Important - All Applicants/Employees Read:** To enable our Agency to meet government reporting requirements, all applicants/employees are requested, but not required, to voluntarily complete this personal data sheet. Information will be used solely for government reporting purposes. We consider all applicants without regard to race, color, religion, sex, national origin, age, marital or veteran status, non-job related medical condition or handicap, or any other legally protected status.

If you choose not to answer any of these questions, you will not be subject to adverse treatment. However, if you choose not to "self-identify", we are required under Federal regulations to maintain race, sex, and handicap information on the basis of visual observation or personal knowledge.

\_\_\_\_\_ I do not wish to furnish the following information.

**OR**

\_\_\_\_\_ I volunteer the following information

**SEX:** \_\_\_\_\_ Male \_\_\_\_\_ Female

**RACE:** \_\_\_\_\_ Caucasian \_\_\_\_\_ Black/African American  
\_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ Asian  
\_\_\_\_\_ Native Hawaiian or other Pacific Islander \_\_\_\_\_ American Indian or Alaskan Native  
\_\_\_\_\_ Two or more races; please specify \_\_\_\_\_

**VETERAN:**

Are you a Veteran of the Vietnam-era? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Are you a Special Disabled Veteran? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Are you a Recently Separated Veteran? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Are you an Other Covered Veteran? \_\_\_\_\_ Yes \_\_\_\_\_ No

**DISABILITY:**

Are there any special methods, skills and procedures which qualify you for positions that you might not otherwise be able to do because of your disability?

\_\_\_\_\_ Yes \_\_\_\_\_ No If YES, please explain: \_\_\_\_\_

Are there any accommodations we could make which would enable you to perform the job properly and safely?

\_\_\_\_\_ Yes \_\_\_\_\_ No If YES, please explain: \_\_\_\_\_

**COMMUNITY ACTION PLANNING COUNCIL  
OF JEFFERSON COUNTY, INC.  
In-House Descriptions**

*It is the responsibility of the applicant to indicate their in-house status, if applicable, on the application in the appropriate space provided.*

Please check the following that are applicable about yourself:

**Current CAPC Employee**.....

**Former CAPC Employee** .....

(Must have been employed at CAPC within the last six months and cannot have been terminated for cause)

**Current Unpaid Staff / Volunteer**.....

(Must have actively worked within CAPC for a minimum of 120 hours within a 90-day period: would include JTPA / DSS placements; temporary employees from placement agencies; interns)

If Current Unpaid Staff / Volunteer, which program? \_\_\_\_\_

**Current Head Start Parent / Legal Guardian**.....

(Must currently have a child enrolled in CAPC's Head Start Program)

**Former Head Start Parent / Legal Guardian**.....

(Must have had a child enrolled in CAPC's Head Start Program within the last six months)

**Family Development Families** .....

(Must be currently actively enrolled or up to six months after completion of "agreement")

**Child Development Associate Candidate** .....

(Must be actively enrolled or up to six months after completion of course)

**Family Development Credential Candidate** .....

(Must be actively enrolled or up to six months after completion of course)