

COMMUNITY ACTION PLANNING COUNCIL

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, genetic predisposition, carrier status, gender identity, transgender status, gender dysphoria, disability, marital status, pregnancy, veteran status, or any other legally protected class or status. Please notify a company representative if you require a reasonable accommodation to participate in the application and/or interviewing process.

BIOGRAPHICAL DATA	Name (First, Middle, Last)		Telephone Number		
	Street Address				
	City		State	Zip Code	
	Position Applied For		Salary or Hourly Wage Desired \$		
	Are you Available to Work		Date Available to Begin 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				
	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? Employment eligibility will be verified upon employment.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you have had an opportunity to review a 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 N/A if you have not reviewed a 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	Did you Graduate?	Diploma or Degree Obtained	GPA
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No		
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Dates Attended	From	To				
	Other				<input type="checkbox"/> Yes <input type="checkbox"/> No		

SKILLS	List all computer programs you are proficient in. List 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 of Issuance:	
(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	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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Brief description of job duties, responsibilities and significant accomplishments:			
Reason for leaving			

Account for any period of unemployment longer than three (3) months:

REFERENCES List three references other than relatives or former supervisors

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.

Have you ever been convicted of, and/or plead guilty to, a crime? Yes No

If you answered 'yes', 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*, and accompanying resume, if any, is true and correct to the best of my knowledge. I understand that any misrepresentation, or omission of facts, will disqualify me from further consideration of employment, 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 further 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.

After a conditional offer of employment, I understand that I may be required to pass a pre-employment medical examination, including a TB test, to the company's satisfaction, before starting work.

The company is committed to providing a drug and alcohol-free workplace. After receiving a conditional offer of employment, I understand that a drug test may be required before starting work. 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 _____

Is there any additional information relative to change of name, use of assumed name or nickname necessary to enable a check on your record? Yes No If yes, please explain: _____

Note: If you need additional space to properly answer any questions on this application form, attach a separate sheet. Check this box if a separate sheet is attached.

IN-HOUSE STATUS DESCRIPTIONS

It is the responsibility of the applicant to indicate their In-House Status, if applicable, on the application in the appropriate space provided below.

Check the box below that is applicable to you:

Current Community Action Planning Council Employee – Any current staff paid by Community Action.

Former Community Action Planning Council Employee – Must have been employed at Community Action within the last six (6) months and cannot have been terminated for cause.

Current Unpaid Staff/Volunteers - Must have actively worked within Community Action for a minimum of 120 hours within a 90 day period, would include JTPA/DSS placements, temporary employees from placement agencies, interns, etc.

Current Head Start Parents/Legal Guardians – Must currently have a child enrolled in Community Action's Head Start Program.

Former Head Start Parents/Legal Guardians – Must have had a child enrolled in Community Action's Head Start Program within the last six months.

Do you have any family members who serve on our Board of Directors and/or Policy Council? Yes No

How did you hear about job openings at Community Action Planning Council? Check all that apply:

- Newspaper Ad
- Newspaper Online
- Community Action's Website/Facebook
- Department of Labor
- The Workplace/One Stop Center
- Newzjunky/eBay Classifieds
- Jefferson Community College
- Other College/University
- Fort Drum Posting
- Employee/Friend
- Job Fair
- Walk-in
- Other: _____