

Application for Employment

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

PLEASE PRINT

Position(s) Applied For:
Application:

Date of

How did you learn about us? Advertisement Employment Agency Friend Relative

Other _____

Last Name

First Name

Middle Name

Street/and Apt Number (if applicable)

City

State

Zip

Telephone Number(s)

Are you under 18 years of age?

Yes No

Have you ever been employed with us before?

Yes No

If yes, give date: _____

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

On what date would you be available for work: _____

Are you available to work:

Full time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall:

Yes No

Can you travel if a job requires it?

Yes No

Have you been convicted of a felony within the last 7 years?

Yes No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain: _____

Education

	Name/Address of School	Course of Study	Years Completed	Graduated/Degree
High School				
College				
Graduate/Professional				
Other (Specify)				

Specialities

Foreign Languages:				
	Language	Fluent	Good	Fair
Speak				
Read				
Write				

Please describe any specialized training, apprenticeship, skills and/or extra-curricular activities:

Describe any job-related training received in the military:

List professional, trade, business or civic activities and offices held:

(You may exclude membership which would reveal gender; race, religion, national origin, age, ancestry, disability or other protected status:)

Employment Experience

Start with your present or last job first. Include any job-related military service assignments and volunteer activities. *You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.*

Employer Information	Date Employed		Duties Performed
	From	To	
Employer:			
Address:			
Phone Number(s):			
Job Title:			
Supervisor(s):			
Reason for Leaving:			

Employer Information	Date Employed		Duties Performed
	From	To	
Employer:			
Address:			
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	From	To	
Employer:			
Address:			
Phone Number(s):			
Job Title:			
Supervisor(s):			
Reason for Leaving:			

Additional Information

Other Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience, i.e., computer programs, equipment operation, etc.:

Please state any additional information you feel may be helpful to us in considering your application:

References:

1.	()	()
(Name)		(Area Code/Phone Number)
2.	()	()
(Name)		(Area Code/Phone Number)
3.	()	()
(Name)		(Area Code/Phone Number)
4.	()	()
(Name)		(Area Code/Phone Number)

This application for employment shall be considered active for a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statement contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant

Date

**Capital Area Community Services, Inc.
Release of Information**

I, _____, hereby grant Capital Area Community Services, Inc. (CACCS) and its duly authorized representatives, permission to contact my previous employers, supervisors, educational institutions and other persons or organizations having knowledge of my employability. Further, I hereby authorize these persons or organizations to give CACCS any information relative to my employability, my academic record, or my employment record. I hereby release from all liability and damages CACCS and the individuals, employers, educational institutions, or other organizations who provide such information.

I hereby release CACCS and any prior employer from any obligation to provide me with written notification of any reference disclosure. I understand that this may include a record of disciplinary action assessed by previous employers, which may be provided to CACCS.

CACCS has my permission to photocopy this authorization and use it with the same authority as the original.

Witness Name

Applicant/Signature

Date

