

**CADC
Community Action Development Corporation**

PERSONAL

NAME: (First) (Last) (Middle) TELEPHONE:

ADDRESS: (Street) (City) (State) (Zip)

OTHER EMPLOYMENT RELATED INFORMATION

Check the following options which you would consider
 Full Time Part Time
 Temporary

List any relative working for this Agency/County:
 Name: _____ Department _____

If Minor, Age _____

Can you after employment submit a birth certificate or other proof of U.S. Citizenship? Yes No

If not a U.S. citizen, can you after employment submit verification on your legal right to work permanently in the U.S.? Yes No

Were you previously employed by this Agency/County? Yes No
 Dates: _____

Have you ever been convicted of a felony or been convicted of a misdemeanor resulting in imprisonment or a fine over \$500 during the last ten years? (Conviction will not necessarily disqualify an applicant.)
 Yes No

Do you have the ability to perform the job related functions of the job applied for?
 Yes No

If the answer to the above question is no, please describe what accommodations would enable you to perform the job related functions of the job applied for. _____

EDUCATION & TRAINING

HIGH SCHOOL: (Address) (Graduated) Yes No

COLLEGE: (Address) (Major) Degree/Year

TRADE SCHOOL: (Address) (Subjects) Completed
 Yes No
 Year

APPRENTICE SCHOOL: (Subjects) Completed
 Yes No

EEO/ADA Statement: This Agency does not discriminate on the basis of religion, sex, age, national origin, political affiliation, mental or physical disability in its hiring or employment practices.

List any other education, training, special skills, or certificates/licenses that you possess related to this job: _____

List any machines or equipment that you are qualified and experienced at operating: _____

REFERENCES

List business persons known: but not related to you, for at least three years:

Name	Title	Business	Phone	Yrs. Known
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

EXPERIENCE

List the last 10 year's work experience beginning with the most recent:

Name of Employer: _____ Type of Business _____

Address _____ City _____ State _____ Zip _____ Phone _____

Dates Employed _____ Starting Title _____ Last Title _____
From _____ To _____

Name and Title of Supervisor:	May we contact?	Was Employed	Reason for Leaving
_____	____ Yes	____ Full Time	_____
_____	____ No	____ Part Time	_____

Brief Description of Duties: _____

Name of Employer: _____ Type of Business _____

Address _____ City _____ State _____ Zip _____ Phone _____

Dates Employed _____ Starting Title _____ Last Title _____
From _____ To _____

Name and Title of Supervisor:	May we contact?	Was Employed	Reason for Leaving
_____	____ Yes	____ Full Time	_____
_____	____ No	____ Part Time	_____

Brief Description of Duties: _____

Name of Employer: _____ Type of Business _____

Address _____ City _____ State _____ Zip _____ Phone _____

Dates Employed _____ Starting Title _____ Last Title _____
From _____ To _____

DRIVERS	POSITION APPLYING FOR
Do you have a valid driver's license in this state:	_____ Clerical
Yes _____ No _____	_____ Truck/Bus Driver
If yes, license number	_____ Mechanic
_____	_____ Head Start Teacher
List License type:	_____ Head Start Nutrition Tech
_____	_____ Nutrition Program Cook
List any moving violation during the last five years on back page	_____ Nutrition Program Cook Aide
_____	_____ Administrative
_____	_____ Weatherization
_____	_____ Other (Be Specific)

APPLICANTS CERTIFICATION

Please read carefully before signing. If you have any questions regarding the following statements, please ask for assistance.

I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that any false information contained in this application may result in my discharge.

I authorize you to communicate with all my former employers, school officials, State and Federal Enforcement Agencies and persons named as references. I hereby release all Employers, Schools, Law Enforcement and individuals from any liability for any damage whatsoever resulting from giving such information.

I understand that as this Agency deems necessary, I may be required to work overtime hours and hours outside a normally defined work day or work week. If employed, I understand and agree that such employment may be terminated at any time for any reason not prohibited by law and without any liability to me for any continuation of salary, wages or employment related benefits (not required by law).

I understand that I may be suspect to Pre-employment and/or Random Drug Testings as a condition to employment.

_____ Date

_____ Signature

The filling out and returning of this application to the Agency does not Guarantee employment and does not constitute an offer of employment.

Pre-Employment Drug Testing Notification and Acknowledgement

I hereby acknowledge and understand that, as part of my application for employment for a position which involves the performance of safety-sensitive functions as defined by 49 CFR Part 655, as amended, I must submit to a urine drug test under the authority of the U.S. Department of Transportation, Federal Transit Administration. I acknowledge and understand that any offer of employment is contingent on the passing of the aforementioned drug test and I will not be assigned to perform a safety-sensitive function unless my urine drug test has a verified negative result having no evidence of prohibited drug use.

Signature of Applicant

Date

Print Name

Witness:

Date

Print Name

(Your application will not be considered for employment for a covered safety-sensitive position unless this acknowledgement is completed and signed.)

