

Helping people Changing lives.

Employment Application

An Equal Opportunity Employer

PLEASE READ BEFORE FILLING OUT THIS APPLICATION

It is the policy of the SCCAA to administer its total personnel program including, but not limited to, recruitment, employment, placement, compensation (including benefits), training, promotion, and transfers, on a nondiscriminatory basis without regard to race, color, religion, sex, age, national origin, or disability. In addition, SCCAA agrees to take affirmative action regarding qualified disabled veterans of the Vietnam era without discrimination based upon their disability or veteran status, in its personnel program as defined above. There is no question on this application intended to secure information to be used for such discrimination.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. All employees will be required to complete an I-9 and prove authorization to work in the United States. They will be required to submit to a physical exam, drug screening, and a criminal background check.

I hereby acknowledge that I have read the foregoing disclosure and understand the same.

Applicant Signature _____ **Date** _____

Last Name _____ First Name _____ Middle Initial _____

Current Address _____ How long? _____
(House Number and Street Name) City State Zip

Telephone Number _____

Previous addresses over last five (5) years

<i>House Number and Street</i>	<i>City, State</i>	<i>How Long at Address</i>	<i>Reason for Moving</i>

List the specific position(s) for which you are applying: (Limit 2) _____

Desired Salary \$ _____ per _____ Hours Available _____ Date Available _____

Type of employment preferred ___ Full Time ___ Part Time ___ AM ___ PM ___ Temporary ___ Summer

Have you ever applied to or worked for the SCCAA? ___ Yes ___ No If yes, give details _____

How did you hear about SCCA; were you referred? _____

Do you have any relatives working for SCCAA? ___ Yes ___ No If yes, give names and relationships _____

Education

	<i>Name of School</i>	<i>Mailing Address</i>	<i>Did you graduate</i>	<i>GPA</i>	<i>Major/Degree</i>
<i>High School</i>			___ Yes ___ No		
<i>College</i>			___ Yes ___ No		
			___ Yes ___ No		
<i>Other School(s)</i>			___ Yes ___ No		
			___ Yes ___ No		

Please list/describe any other activities, achievements, courses, certifications, or licenses that you possess that are relevant to your application _____

Military

Were you ever a member of the U.S. Armed Services ___ Yes ___ No If yes, which branch _____
 Highest grade or rank attained _____ Grade or rank at discharge _____
 Are you currently in the Armed Services or National Guard ___ Yes ___ No If yes, give service rank and unit _____

Job Skills

Knowledge of any employee's skills is important to an employer. Indicate the amount of training and experience you have had (even if brief) in the following job situation within the last 10 years.

<i>Years/Months</i>	<i>Skill</i>	<i>Years/Months</i>	<i>Skill</i>	<i>Years/Months</i>	<i>Skill</i>
/	Computer/Data Entry	/	Payroll	/	Case Management
/	Office Work	/	Accounting/Budgeting	/	Food Service
/	Word Processing	/	Grant Writing	/	Intake
/	Typing	/	Supervision	/	Bus Monitor
/	Receptionist	/	Purchasing/Inventory	/	Mechanic/Driver
/	Dictation	/	Teaching	/	Weatherization
/	Administration	/	Nursing	/	

List any other experience that you have had that might be helpful in the job you are applying for _____

Please describe your interest in applying for this Agency _____

Employment History

List jobs (full-time, part-time and self-employment) held within the last 10 years

**** Warning: Incomplete or misleading employment information will be considered grounds for disqualification or dismissal ****

Present/Last Employer	Name:			Type of Business
	Complete Address:			
Start Date ___ / ___ / ___	End Date ___ / ___ / ___	Full Time or Part Time <input type="checkbox"/> <input type="checkbox"/>	Starting Wage/Salary \$ _____ per _____	Final Wage/Salary \$ _____ per _____
Current/Last Title		Name and Title of Supervisor		
Do you authorize us to contact this employer ___ Yes ___ No				
Were you fired from this employer ___ Yes ___ No				
Explain reason/circumstance for leaving _____				

Next Previous Employer	Name:			Type of Business
	Complete Address:			
Start Date ___ / ___ / ___	End Date ___ / ___ / ___	Full Time or Part Time <input type="checkbox"/> <input type="checkbox"/>	Starting Wage/Salary \$ _____ per _____	Final Wage/Salary \$ _____ per _____
Current/Last Title		Name and Title of Supervisor		
Do you authorize us to contact this employer ___ Yes ___ No				
Were you fired from this employer ___ Yes ___ No				
Explain reason/circumstance for leaving _____				

Next Previous Employer	Name:			Type of Business
	Complete Address:			
Start Date ___ / ___ / ___	End Date ___ / ___ / ___	Full Time or Part Time <input type="checkbox"/> <input type="checkbox"/>	Starting Wage/Salary \$ _____ per _____	Final Wage/Salary \$ _____ per _____
Current/Last Title		Name and Title of Supervisor		
Do you authorize us to contact this employer ___ Yes ___ No				
Were you fired from this employer ___ Yes ___ No				
Explain reason/circumstance for leaving _____				

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Start Date ___ / ___ / ___	End Date ___ / ___ / ___	Full Time or Part Time <input type="checkbox"/> <input type="checkbox"/>	Starting Wage/Salary \$ _____ per _____	Final Wage/Salary \$ _____ per _____
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Start Date ___ / ___ / ___	End Date ___ / ___ / ___	Full Time or Part Time <input type="checkbox"/> <input type="checkbox"/>	Starting Wage/Salary \$ _____ per _____	Final Wage/Salary \$ _____ per _____
Current/Last Title		Name and Title of Supervisor		
Do you authorize us to contact this employer ___ Yes ___ No				
Were you fired from this employer ___ Yes ___ No				
Explain reason/circumstance for leaving _____				

** If additional space is needed to complete your 10-year employment history, please submit on blank page **

Please explain any gaps in employment _____

Personal History

Have you ever been convicted of a felony Yes No

Have you ever been asked to resign or leave a job in connection with the loss of money or merchandise Yes No

If yes, please explain _____

Are you legally eligible for employment in the United States Yes No *(If hired, verification will be required by law)*

Character References

Name three (3) persons, not relatives, who are acquainted with you

Name:		Relationship:
Years Known:	Occupation:	Phone Number:

Name:		Relationship:
Years Known:	Occupation:	Phone Number:

Name:		Relationship:
Years Known:	Occupation:	Phone Number:

Please give any further information which may be helpful in considering your qualifications _____

If you are a parent, has your child(ren) ever been enrolled in Head Start Yes No

If yes, _____ (City and State) _____ (Year)

Have you ever been employed through J.O.B.S. within the last year Yes No

Are you over 18 years of age Yes No *(If no, a work permit is required)*

I AUTHORIZE SCCAA TO INVESTIGATE All information given

All information except present employer

Other _____

I also authorize and request any employer, person, firm, corporation, school, or agency given as a reference to answer all questions that may be asked, and to give all information that may be sought in connection with this application.

I certify that the foregoing answers and facts are correct to the best of my knowledge and belief. I understand that any misrepresentation of information may be just cause for my rejection or dismissal. Furthermore, I understand that just as I am free to resign at any time, this employer reserves the right to terminate my employment at any time, within the guidelines of the "At Will Statement". I understand that no representative of this employer has the authority to make any assurances to the contrary.

I HEARBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENT AND UNDERSTAND THE SAME

Signature of Applicant _____

Date _____



Affirmative Action: Voluntary Self-Identification Form

Section 1: General Applicant Information

Name _____ Date _____

Position(s) applied for _____

Section 2: Please check all that apply (see reverse for definitions)

Table with 4 columns: Race/Ethnic Identity, Gender, Veteran Status, Other. Rows include categories like Hispanic or Latino, White, Black or African American, etc.

_____ I do not wish to self-identify

How did you hear of our job opening(s): ___ Current employee ___ Newspaper ad ___ Recruiter ___ Other, please explain _____

Applicant Signature

For Human Resource Dept. Use Only

Form with two fields: Position and Department

EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES

Hispanic or Latino – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

White (not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black or African American (not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asian, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian/Alaskan Native (not Hispanic or Latino) – A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

Two or More Races (not Hispanic or Latino) – All persons who identify with more than one of the above five races.

Veteran of the Vietnam Era

Means a person who: (i) served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, and who was discharged or release there from with other than a dishonorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (B) between August 5, 1964 and May 7, 1975, in all other cases; or (ii) was discharged or released from active duty in the U.S. military, ground, naval, or air service for a service connected disability if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (B) between August 5, 1964 and May 7, 1965, in any other location.

Special Disabled Veteran

Means (i) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans' Affairs for a disability: (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have serious employment handicap or (ii) a person who was discharged or released from active duty because of a service connected disability.

Other Protected Veteran

Includes any veteran who served on active duty in the U.S. military, ground, naval or air service in a war, campaign, or expedition in which a campaign badge has been authorized under laws administered by the Department of Defense.

Recently Separated Veteran

Any veteran who served on active duty in the U.S. military, ground, naval or air service during the one year period beginning on the date of such veteran's discharge or release from active duty.

Armed Forces Service Medal Veteran

Includes any veteran who, while servicing in the Armed Forces, participated in the United States military operation for which a service medal was awarded pursuant to Executive Order 12985.

Individuals with Disabilities

Defined as a person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment(s); or (3) is regarded as having such impairment(s). For purpose of this definition, an individual with disability(s) is substantially limited if her or she is likely to experience difficulty in securing, retaining, or advancing in employment because of the disability(s).

Dear Applicant:

Please be advised that in accordance with Stark County Community Action Agency (SCCAA) employment practices, only those individuals selected for an interview will be notified.

Upon returning your application, make sure you have had the three (3) PERSONAL REFERENCE FORMS completed, which are enclosed in your application. These must not be completed by a relative. A friend, neighbor, or a coworker will be acceptable.

There are also three (3) PROFESSIONAL REFERENCE FORMS that must be completed by your previous employers. These forms should match "Employment History" that you will complete on the employment application.

It is your responsibility to have these six (6) forms completed, signed and dated, then you must return them with your application.

ALL INFORMATION PROVIDED IN YOUR APPLICATION WILL BE VERIFIED.

All applications will remain on file in the Human Resource Department for six (6) months. After this period, it will be your obligation to renew your application.

Thank you,

SCCAA Personnel Department



Helping people Changing lives.

Date _____

To Whom It May Concern,

We are considering _____, (SSN: _____), for a position with the Stark County Community Action Agency (SCCAA). Your name was given as a former employer, and we would appreciate your comments on the following:

Dates of Employment From _____ To _____

Job Title _____

Annual Salary/Hourly Pay _____

	<i>Good</i>	<i>Average</i>	<i>Poor</i>
<i>Attendance</i>			
<i>Dependability</i>			
<i>Work Performance</i>			
<i>Interpersonal relationships with colleagues and staff</i>			
<i>Other remarks</i>			

Why did the applicant leave your employment? _____

Would you rehire him/her? ___ Yes ___ No

If no, please explain: _____

Reference Signature & Title _____ Date _____

Company/Organization _____

*** I hereby give my permission to contact my previous employer regarding the above information. ***

Applicant Signature

To Whom it May Concern:

I understand that the Stark County Community Action Agency (SCCAA) requires certain information about me to evaluate my qualifications for employment and to conduct its business if I become an employee.

Therefore, I authorize and request the school(s) which I attended to answer all questions that may be asked.

I agree to cooperate in these investigations and release those parties supplying such information to SCCAA from all liability or responsibility with respect to information supplied.

Date

Signature

Date of graduation or last year attended

High School _____

College/University _____

Your name as it is registered with your

High School _____

College/University _____

Social Security Number _____