



COMMUNITY ACTION OF ETOWAH COUNTY, INC.
Application for Employment

624 Broad Street, Gadsden, AL 35901
 P.O. Box 1888, Gadsden, AL 35902
 Phone 256-546-9271 / fax 256-546-1272
 Email: ECCSP-Director@comcast.net

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

POSITION FOR WHICH YOU ARE APPLYING:

Check all that you are interested in: Full Time Employment Part Time Employment Volunteer

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____ City: _____ State: _____

Zip Code: _____ Cell Phone #: _____ Email Address: _____

Driver's License #: _____ State: _____ Expiration Date: _____

Have you ever been convicted of a felony? If you answered yes, please complete the following:
 (Conviction is not an automatic bar to employment. Each case is considered on its individual merits)

Yes No

	<u>Nature of Offense</u>	<u>Location of Court</u>	<u>Date of Conviction</u>
Offense #1			
Offense #2			

Are any of your educational or employment records found under a different last name? Yes No

Are you currently employed by a Community Action Agency? Yes No

Are you a former employee of a Community Action Agency? Yes No

Have you ever been discharged or forced to resign from any position? If yes, please give employer, date and reason. Yes No

Do you have any relatives working for a Community Action Agency? If yes, complete the following: Yes No

Name: _____ Relationship: _____

Name: _____ Relationship: _____

If hired, are you authorized to work in the United States? For non citizens, a copy of your authorization to work issued by the U.S. Immigration and Naturalization Service must be submitted prior to appointment. Yes No

EDUCATION AND TRAINING

Highest Grade Completed (choose one)	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
Did you graduate from High School?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	or Obtained a GED?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

COLLEGES AND UNIVERSITIES ATTENDED (UNDERGRADUATE AND GRADUATE)

	Name and Location of School(s)	Dates Attended (Mo & Yr)		Degree Earned (e.g. BA/BS/MPA/JD)
		From	To	
1				
2				
3				

List any professional license that you have obtained:
 List any specific computer software experiences:
 List any other special skills:

EMPLOYMENT HISTORY

May we contact your present employer? Yes No Comment:

1	Starting Date (month / day / year)	Ending Date (month / day / year)	Employer/Company Name and Address (City, State, Zip)
	Title of Position Held:		Number of Employees you Supervised: _____
	Name of Immediate Supervisor:		Telephone Number: _____
	Describe job duties and responsibilities:		
	Reason for Leaving:		
2	Starting Date (month / day / year)	Ending Date (month / day / year)	Employer/Company Name and Address (City, State, Zip)
	Title of Position Held:		Number of Employees you Supervised: _____
	Name of Immediate Supervisor:		Telephone Number: _____
	Describe job duties and responsibilities:		
	Reason for Leaving:		
3	Starting Date (month / day / year)	Ending Date (month / day / year)	Employer/Company Name and Address (City, State, Zip)
	Title of Position Held:		Number of Employees you Supervised: _____
	Name of Immediate Supervisor:		Telephone Number: _____
	Describe job duties and responsibilities:		
	Reason for Leaving:		

4	Starting Date (month / day / year)	Ending Date (month / day / year)	Employer/Company Name and Address (City, State, Zip)	
	Title of Position Held:		Number of Employees you Supervised: _____	
	Name of Immediate Supervisor:		Telephone Number: _____	
	Describe job duties and responsibilities:			
	Reason for Leaving:			
5	Starting Date (month / day / year)	Ending Date (month / day / year)	Employer/Company Name and Address (City, State, Zip)	
	Title of Position Held:		Number of Employees you Supervised: _____	
	Name of Immediate Supervisor:		Telephone Number: _____	
	Describe job duties and responsibilities:			
	Reason for Leaving:			

CONDITIONS OF EMPLOYMENT STATEMENT

Under penalties of perjury, I declare that my answers to the questions on this application and any necessary examinations and supplements are true and give the Community Action Agency the right to investigate all information given and to secure additional appropriate information if necessary. I understand that an investigative report may be made from information obtained through personal interviews with others. I understand that this inquiry may include information as to my personal characteristics, employment verification, credential verification, personal identity verifications, reference checks, criminal records, motor vehicle records, and appropriateness for employment. In accordance with the law and my understanding of this statement, I authorize my current and former employers to give any information regarding my employment, together with all information regarding me, and hereby release from all liability or responsibility all persons, companies, or corporations furnishing such information in good faith. I also authorize the release of my scholastic ratings to the Community Action Agency by schools and other education institutions that I have attended.

I understand that the completion of this application does not assure me of a position with the Community Action Agency and does not obligate the Community Action Agency to me in any way. I further understand that any misrepresentation herein WILL cause my application to be rejected, my name to be removed from the eligible register and/or subject me to dismissal. Candidates selected for hire may be required to pass a physical and drug screen prior to employment. I am aware that the results will be made available to the Executive Director or a duly authorized representative. The Community Action Agency is committed to a drug free work place to protect the safety of workers and the public and will comply with the Federal Drug Free Work Place Act.

I understand that this application, exam documents and attachments become a part of the Community Action Agency records and will not be returned, reused or copied for me once submitted.

By my signature, I certify, authorize and acknowledge the above statements.

Signature: _____

Date: _____

Social Security Number: _____