

Application for Employment

Nicholas Community Action Partnership, Inc.

PLEASE PRINT

Position (s) applied for _____ Date of Application ____/____/____

Name _____ Social Security # _____
Last First Middle

Address _____
Street City State Zip Code

Telephone # (____) _____ Mobile/Other# (____) _____ Email Address _____

Referral Source _____

Applicant Information

Have you ever filed an application here before? If yes, give date _____ Yes No
 Have you ever been employed here before?..... Yes No
 If yes, give dates and positions _____/____/____
 Do you have any relatives currently working for NCAP, Inc.?..... Yes No
 If yes, provide names and relation _____
 Are you legally eligible for employment in this country? (Proof will be required upon employment)..... Yes No
 Date available for work...____/____/____ What is your desired salary or rate of pay.....\$_____
 Type of employment desired..... Full-Time Part-Time Temporary Seasonal
 Are you able to meet the attendance requirements of the position?..... Yes No
 Will you travel if the job requires it?..... Yes No
 Driver's license number if the driving is an essential job function _____ State _____
 Have you ever pled "guilty" or "no contest" to, or been convicted of a felony?..... Yes No
 If yes, provide date(s) and details _____
 If required by the employer, will you undergo a post-offer physical examination?..... Yes No

Employment History

Starting with your most recent employer, assignments, or volunteer activities, provide the following information.

From (Month/Year) _____ / _____	To (Month/Year) _____	Employer _____	Telephone # _____
Job Title _____	Street Address _____	City _____	State _____ Zip Code _____
Immediate Supervisor and Title _____	Hourly/Salary Starting Rate _____	Hourly/Salary Final Rate _____	
	\$ _____ per _____	\$ _____ per _____	
Summarize the nature of the work performed and job responsibilities _____ _____ _____			
Reason for leaving _____			
May we contact references? _____ Yes _____ No _____ Later			

From (Month/Year) / _____	To (Month/Year) _____	Employer _____	Telephone # _____	
Job Title _____	Street Address _____	City _____	State _____	Zip Code _____
Immediate Supervisor and Title _____	Hourly/Salary Starting Rate _____		Hourly/Salary Final Rate _____	
	\$ _____ per _____		\$ _____ per _____	
Summarize the nature of the work performed and job responsibilities _____ _____				
Reason for leaving _____				
May we contact references? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				

From (Month/Year) / _____	To (Month/Year) _____	Employer _____	Telephone # _____	
Job Title _____	Street Address _____	City _____	State _____	Zip Code _____
Immediate Supervisor and Title _____	Hourly/Salary Starting Rate _____		Hourly/Salary Final Rate _____	
	\$ _____ per _____		\$ _____ per _____	
Summarize the nature of the work performed and job responsibilities _____ _____				
Reason for leaving _____				
May we contact references? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				

Related Training, Licensure/Certification and Experience

List any special training, licensure/certification and/or experience that may qualify you to perform job-related functions in the position for which you are applying:

Educational Background

Name and Location	Number of years completed	Did you Graduate?	Course of Study
High School _____	_____	_____	_____
College _____	_____	_____	_____
Other: _____	_____	_____	_____

References

Name	Title	Relationship	Telephone#	Number of Years Known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Applicant Statement

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (I) cancel further consideration of this application, or (II) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize Nicholas Community Action Partnership, Inc. its representatives, employees or agents to contact and obtain information from all references (personal and professional) employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I authorize Nicholas CAP, Inc to obtain consumer reporting information about me from other sources, for the purpose of considering me for employment. This may include information about my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, work habits, job performance, experience and reasons for leaving other employment, as well as other public records such as any criminal records. I hereby waive any and all rights and claims I may have regarding Nicholas CAP, Inc., its agents, employees or representatives, for seeking, gathering, and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that NCAP, Inc. does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant for consideration for employment on a basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

I understand that the position for which I am applying constitutes an at-will employment and that just as I am free to resign at any time, Nicholas CAP, Inc. reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I Certify that I have read, fully understand and accept all terms of the forgoing Applicant Statement.

Signature of Applicant _____ Date ____ / ____ / ____

EQUAL OPPORTUNITY EMPLOYER