

NICHOLAS COMMUNITY ACTION PARTNERSHIP, INC.

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Nicholas CAP considers qualified applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a medical condition or disability that can be reasonably accommodated, or any other legally protected status. Questions on this application are not used for the purpose of limiting or excusing any applicant for consideration of employment. The fact that this application has been provided to you does not necessarily mean there are positions available and does not in any way obligate Nicholas CAP to offer you employment.

INSTRUCTIONS - Each question/part must be fully and accurately completed. Further consideration may not be given until all questions/parts have been completed.

PLEASE PRINT - *except where you are instructed to sign your name.*

List the Job Position/Title for which you are applying:

1st Choice: _____

2nd Choice: _____

Type of Employment for which you are applying:

Full-time Part-Time Temporary

Department for which you are applying:

Senior Programs

Head Start

Weatherization

Administrative

Referral Source: Internet Ad NCAP Website Newspaper Ad NCAP Employee Other: _____

Applications are kept in active status for sixty (60) days.

APPLICANT INFORMATION

Full Name: _____

Last Name

First Name

Middle Name

Other name(s) used that would help us check your work history/education: _____

Phone: _____ Cell Phone: _____ Email: _____

Address: _____

Mailing Address

City

State

Zip Code

Are you legally eligible for employment in the United States? (proof will be required upon employment) Yes No

Have you ever applied for a position at NCAP? Yes No If yes, when: _____

Have you ever been employed by NCAP? Yes No If yes, when: _____

Do you have any relatives employed at NCAP? Yes No If yes, who: _____

If hired, when can you be available for work? _____

What is your desired salary? _____

Are you able to meet attendance requirements for this position? _____

Do you have a valid driver's license? (if driving is an essential job function): Yes No State Issued: _____

If required, will you undergo a post-offer physical examination? Yes No

Have you been convicted of, or pled guilty, no contest to, or been convicted of a felony? Yes* No

If yes, list what type, the date of conviction, the county and state the violation was committed in and the sentence and the current status: _____

EMPLOYMENT HISTORY

(BEGIN WITH YOUR CURRENT OR MOST RECENT EMPLOYER, ASSIGNMENTS OR VOLUNTEER ACTIVITIES)

1. Name of Employer: _____ Phone Number: _____
2. Address: _____
3. Do we have permission to contact this Company? Yes No
4. Position and Job Duties: _____
5. Dates (Mo/Yr) you were employed: From: _____ To: _____
6. Pay Rate: *Starting* \$ _____ per hour annual *Ending*: \$ _____ per hour annual
7. Your last immediate supervisor is/was: _____ Phone Number: _____
8. Reason for leaving (or why you are looking to leave if still employed): _____

EMPLOYMENT HISTORY – CONTINUED

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2. Address: _____
3. Do we have permission to contact this Company? Yes No
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UNITED STATES MILITARY HISTORY

Were you in the Armed Services: Yes No If Yes, what branch? _____

Dates of Service: _____ to _____ Honorable Discharge? Yes No

Please detail what job experience you gained there: _____

EDUCATION

	<u>School Name</u>	<u>Course of Study</u>	<u># Years Completed</u>	<u>Degree</u>
High School	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
College	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER 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:

PROFESSIONAL REFERENCES

Please list two (2) or more supervisor references (not relatives) who are familiar with your job performance.

1. Name: _____ Phone Number: _____ Years known: _____

2. Name: _____ Phone Number: _____ Years known: _____

3. Name: _____ Phone Number: _____ Years known: _____

APPLICANT STATEMENT**SIGN YOUR NAME AND PUT THE DATE ON THE BOTTOM OF THIS PAGE.****If you fail to comply with these instructions, you may not be considered for employment.**

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: _____/_____/_____