

# APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

**PERSONAL INFORMATION**

	<u>Date</u>	<u>Social Security Number</u>	
<hr/>			
<b>Name</b>			
(Last)	(First)	(Middle)	
<hr/>			
<b>Present Address</b>			
(Street)	(City)	(State)	(Zip)
<hr/>			
<b>Permanent Address</b>			
(Street)	(City)	(State)	(Zip)
<hr/>			
<b>Phone No.</b>	<b>Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/></b>		

(Last)

(First)

(Middle)

**Referred By**

**EMPLOYMENT DESIRED**

<b>Position</b>	<b>Date You Can Start</b>	<b>Salary Desired</b>
<hr/>		
<b>Are You Employed Now? Yes <input type="checkbox"/> No <input type="checkbox"/></b>	<b>If So May We Inquire Of Your Present Employer? Yes <input type="checkbox"/> No <input type="checkbox"/></b>	
<hr/>		
<b>Ever Applied to this Company Before? Yes <input type="checkbox"/> No <input type="checkbox"/></b>	<b>Where?</b>	<b>When?</b>
<hr/>		
<b>Are you related to an employee or a board member? Yes <input type="checkbox"/> No <input type="checkbox"/></b>		

**EDUCATION**

Name and Location of School	Last Year Completed	Did You Graduate?	Subjects studied and Degrees(s) Received
Grammar School		Yes <input type="checkbox"/> No <input type="checkbox"/>	
High School	1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
College	1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	(Attach copy of transcript)
Trade, Business or Correspondence	1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	(Attach copy of certificate)

**GENERAL**

**Subjects of Special Study or Research Work**

---



---

**Job Related Skills (typing, driver's license, etc.)**

---



---

**FORMER EMPLOYERS**

List below your last four employers, starting with the last one first.

Date Month and Year	Employer Name, Address & Phone #	Salary (upon leaving)	Position	Reason for leaving
From				
To				
From				
To				
From				
To				
From				
To				

**REFERENCES**

List below three persons not related to you, whom you have known at least one year.

Name	Address/Phone #	Position	Years Acquainted
1.			
2.			
3.			

**AUTHORIZATION**

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination, drug/alcohol test results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Any employee hired to fill a position requiring a Commercial Drivers License (CDL), must participate in Department of Transportation (DOT)/Federal Highway Administration's (FHWA) mandated drug and alcohol testing programs. Pre-employment testing shall be given after the job offer, but before employment begins, with the offer contingent on test results.

ANSWER ALL QUESTIONS BELOW

Declaration Form for Prospective Employees

For use by Head Start Agencies to comply with 45 CFR Part 1301, Subpart D, Head Start Grants Administration, Personnel Policies, Section 1301.31 (c) and (d).

Federal policies now require that Head Start agencies require all prospective employees to sign a declaration prior to employment which lists:

- (1) All pending and prior criminal arrests and charges related to child sexual abuse and their disposition;
- (2) Convictions related to other forms of child abuse and/or neglect; and
- (3) All convictions felonies.

The declarations may exclude:

Any offense, other than any offense related to child abuse and/or child sexual abuse or violent felonies committed before the prospective employee's 18<sup>th</sup> birthday, which was finally adjudicated in a juvenile court or under a youth offender law.

Any conviction for which the record has been expunged under Federal or State law; and

Any conviction set aside under the Federal Youth Corrections Act or similar State authority.

Note that individuals who declare, through this form, that they have been arrested, charged with or convicted of any of the offenses listed above are not automatically disqualified from being hired. Head Start agencies must review each case to assess the relevance of an arrest, charge or conviction to a hiring decision.

Please provide your signature on the appropriate category below:

I have not been arrested, charged and/or convicted on one or more of the three types of offenses listed above.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**OR**

I have been arrested, charged, and/or convicted on one or more of these types of offenses listed above.

If so, please attach information listing the offense(s), the date(s) of the arrest, charge, and/or conviction, and other relevant information.

Have you ever been convicted of any crimes?     YES     NO

If yes, please explain \_\_\_\_\_

List any driving violations you have had. \_\_\_\_\_

The above and foregoing statements are true to the best of my knowledge. I understand misrepresentations may be cause for dismissal. I give SCMCAA permission to check my prior employment, driving and criminal records. I also understand that if arrested and/or convicted of any criminal offense during my employment I must notify my supervisor immediately. I understand I must provide proof of automobile insurance.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

You may use blank sheets of paper to more fully answer any of the questions in the application.

SOUTH CENTRAL MISSOURI COMMUNITY ACTION AGENCY

**Equal Employment Opportunity Information**

The following information is needed for record-keeping purposes in order to comply with Federal Equal Opportunity regulations. This form will be detached from your application upon receipt and the information given will not be used as a basis for our employment decision.

Please answer all of the following items:

1. Position or type of work for which you are applying \_\_\_\_\_
2. Date of application: \_\_\_\_\_
3. Sex: Male  Female
4. Ethnic: (Please Complete attached Questionnaire)

Do you consider yourself to be disabled? Yes  No

(Disability Definition: Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having an impairment.)

THIS IS A VOLUNTARY SURVEY. PLEASE DO NOT SIGN YOUR NAME.

**EEO-1**  
**QUESTIONNAIRE ON RACE, ETHNICITY AND GENDER**

Below are questions about your ethnicity, race and gender. You should answer all questions. In answering the third question, you may select one or more races. The summarized information is reported to the Federal Government for civil rights purposes. The summarized information on race will be reported in the following categories only:

- White
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native
- Two or More Races

If you select more than one race, you will be reported in the Two or More Races category. For example, if you select Black or African American and American Indian or Alaska Native, you will be reported in the Two or More Races category.

**Question 1 – Gender**

\_\_\_\_\_ Male

\_\_\_\_\_ Female

**Question 2 - Ethnicity**

Are you Hispanic or Latino?

\_\_\_\_\_ No, not Hispanic or Latino

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

**Question 3 – Race**

If your answer to question 2 was “no”, please identify your race.

What is your race? (Select one or more of the five specific race categories listed below.)

\_\_\_\_\_ White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

\_\_\_\_\_ Black or African American – A person having origins in any of the black racial groups of Africa.

\_\_\_\_\_ Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

\_\_\_\_\_ Native Hawaiian or other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

\_\_\_\_\_ American Indian or Alaska Native - A person having origins in any of the original peoples of North and South American (including Central American), and who maintain tribal affiliation or community attachment.

