



APPLICATION FOR EMPLOYMENT
COMMUNITY ACTION PARTNERSHIP OF GREATER ST. JOSEPH
817 Monterey
St. Joseph, MO 64503
(816) 233-8281

PERSONAL INFORMATION

Name (First/Middle/Last): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Position applying for: _____ How did you hear about this job? _____

Expected Salary: \$ _____ Date available to start work: _____

Are you at least 18 years of age? YES NO

Availability: Full Time Part-Time Temporary

Have you ever filed an application with us before? YES NO If yes, when? _____

Have you ever been employed by Community Action Partnership? YES NO

If yes, when / what position? _____

Are you a Head Start parent? YES NO

After reviewing the job description, is there anything which would interfere with your ability to satisfactorily perform the duties described in the description(s) of the job(s) for which you are applying? YES NO

Have you ever been convicted of, pled guilty or no contest to, a felony, misdemeanor or ordinance violation other than a minor traffic violation? YES NO

If yes, state the nature of offense and how resolved.

Are there any charges pending against you? YES NO

A conviction record will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent permitted by applicable law.

If hired, can you show proof of legal authorization to work in the United States? YES NO

Have you ever worked/went to school under a different name? YES NO

If yes, list name: _____

Do you have reliable transportation? YES NO Is your vehicle insured? YES NO

Do you have a current driver's license? YES NO

List licenses, including class and endorsements

EDUCATION

TYPE	NAME OF SCHOOL	LOCATION (CITY, STATE)	LAST YEAR COMPLETED	DID YOU GRADUATE?		DEGREE / DIPLOMA / GED OR HISET CERTIFICATE RECEIVED
				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
HIGH SCHOOL				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
COLLEGE				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
OTHER EDUCATION				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
OTHER EDUCATION				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
OTHER EDUCATION				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

OTHER SKILLS AND TRAININGS:	NOTE: If hired, Community Action Partnership will require a copy of your High School Transcript or GED / HiSET Certificate, College Transcripts, Professional Certificates, Degrees and Diplomas will also be procured if hired.
PC <input type="checkbox"/> MAC <input type="checkbox"/>	
Software: (list)	
Other: (list)	

List volunteer experience you would like to share:

What languages do you speak, read, and/or write fluently?

List apprenticeship, civic, professional, trade and/or extra-curricular activities you would like to share:

Are you now, or within the past thirty days, have you been a voting member of Community Action Partnership of Greater St. Joseph or on the Board of Directors or Policy Council?

YES NO

Do you have relatives currently employed by Community Action Partnership of Greater St. Joseph or on the Board of Directors or Policy Council?

YES NO

If answered yes above, please list:

EMPLOYMENT HISTORY

Name of Employer _____	Dates of Employment: _____	_____	to
Type of Business _____			
Address: _____	City: _____	State: _____	Zip: _____
Phone Number: _____	Job Title: _____		
Supervisor: _____	Reason for Leaving: _____		

Name of Employer _____	Dates of Employment: _____	_____	to
Type of Business _____			
Address: _____	City: _____	State: _____	Zip: _____
Phone Number: _____	Job Title: _____		
Supervisor: _____	Reason for Leaving: _____		

Name of Employer _____	Dates of Employment: _____	_____	to
Type of Business _____			
Address: _____	City: _____	State: _____	Zip: _____
Phone Number: _____	Job Title: _____		
Supervisor: _____	Reason for Leaving: _____		

PERSONAL REFERENCES

List References that we may contact: **PLEASE DO NOT LIST RELATIVES**

Name: _____ Phone Number: _____

Relationship to you: _____ Best time to Contact: _____

Years known: _____

Name: _____ Phone Number: _____

Relationship to you: _____ Best time to Contact: _____

Years known: _____

Name: _____ Phone Number: _____

Relationship to you: _____ Best time to Contact: _____

Years known: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

This form serves to comply with applicable program regulations and to ensure a safe and secure environment for employees and clients of Community Action Partnership of Greater St. Joseph (CAPSTJOE). Please review the authorization form in detail and complete the information below to provide Authorization for the Release of Information.

I certify this application was completed by me and the entries contained in this application are true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts requested on this application may be grounds for refusal of this application/employment or dismissal from employment if subsequently discovered.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize an inquiry which may provide information background concerning my character, general reputation, and past work performance. I agree to a full release of the information including but not limited to pre-employment and recurring criminal record checks, abuse/neglect checks, driving record checks, and other background checks where required by the employer and/or regulation. I hereby authorize CAPSTJOE to inquire, and also authorize the request of each former employer, educational institution, persons, credit bureaus, governmental and law enforcement agencies to answer all questions which may be legally asked, and to release all information which may be legally sought, except my current employer if so noted. I hereby release all parties from any liability or responsibility for doing so.

I hereby authorize CAPSTJOE to obtain necessary records checks as part of its investigation of my pre-employment application and/or continued employment with CAPSTJOE. This Authorization shall remain in effect over the course of my employment.

I agree that a copy of this form is valid like the signed original. I understand that upon my request, I will be given a copy of the applicable records check and a written description of my rights under the Fair Credit Reporting Act.

I understand and agree that this employer follows an "employment at will" policy, and if hired, my employment is for no definite period, in that I or the employer may terminate my employment at any time, or for any reason without notice consistent with applicable state or federal law. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand that if I wish to be considered for employment for another position, I must submit a new application. If hired, I agree to comply with all rules, regulations, and employment policies of Community Action Partnership of Greater St. Joseph.

Applicant's Signature: _____

Date: _____

CONSENT TO TEST FOR ILLEGAL DRUGS

I, _____, hereby give my consent to Community Action Partnership of Greater St. Joseph and its agents or independent contractors, to perform appropriate tests or examinations on me for alcohol, illegal drugs, and/or other pre-employment tests, with the results of these tests or examinations to be released to CAPSTJOE, for whatever use it deems fair and appropriate under the circumstances and according to all applicable laws.

Applicant's Signature: _____

Date: _____



Community Action Partnership is an Equal Opportunity/Affirmative Action Employer