



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

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 CERTIFICATE RECEIVED
			1	2	3	4		
HIGH SCHOOL							Yes	
COLLEGE			1	2	3	4	No Yes No	
OTHER EDUCATION			1	2	3	4	Yes No	
OTHER EDUCATION			1	2	3	4	Yes No	

Other skills and training:
 PC _____ MAC _____
 Software (list) _____

 Other: _____

NOTE: If hired, Community Action Partnership will require a copy of your high school transcript or GED certificate, college transcripts, professional certificates, degrees and diplomas will also be procured if hired.

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 _____

EMPLOYMENT HISTORY

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

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

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Address _____ Dates of Employment _____ to _____
City, State, Zip _____ Type of Business _____
Job Title _____
Phone Number: _____ Reason for leaving: _____

PERSONAL REFERENCES

List references that we may contact. **PLEASE DO NOT LIST RELATIVES.**

Name: _____ Telephone: _____
Relationship to you: _____ Good time to contact: _____
Years known: _____

Name: _____ Telephone: _____
Relationship to you: _____ Good time to contact: _____
Years known: _____

Name: _____ Telephone: _____
Relationship to you: _____ Good 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