



NORTHWEST COMMUNITY ACTION PARTNERSHIP

Application for Employment

EMPLOYER'S STATEMENT: NCAP adheres to the equal employment opportunity guidelines set forth by state and federal laws. The information contained on this form is sought in good faith and will not be used in any way to discriminate against any applicant on the basis of race, color, national origin, sex, disability, religion, or age.

PERSONAL

<i>Last Name</i>		<i>First</i>	<i>Middle</i>	
<i>Street Address</i>		<i>City, State, Zip</i>		<i>Home Phone</i>
<i>Cell Phone</i>		<i>Work Phone</i>		<i>Email Address</i>
Yes		No		
<i>Have you ever been employed with NCAP?</i>		<i>If Yes:</i>	<i>When:</i>	<i>Where:</i>
<i>Position Desired</i>				
<i>Are you legally eligible for employment in the United States?</i>			<i>When will you be available to begin work?</i>	
Yes			No	
<i>Do you have a valid driver's license?</i>			<i>State Issued By</i>	
<i>Other special training or skills (languages, machine operation, etc.):</i>				

NATIONAL SERVICE

Are you an alumnus of Americorps (NCCC, VISTA, etc.), Senior Corps (RSVP, FGP, SCP), Peace Corps or other _____ National Service program.

Are you currently a Head Start parent or have you previously been?
Yes No

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS

(Exclude those which may disclose your race, color, religion, or national origin)

MILITARY

<i>Do you wish to claim Veteran's Preference?</i>		<i>Please note, you may be required to submit substantiating documentation if you are selected as a finalist.</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	



EMPLOYMENT

(Please give accurate, complete full-time and partial employment record. Start with your present or most recent employer. **In addition to the following, please submit a resume.**)

Company name		Address	
City	State	Zip Code	
Immediate Supervisor	Phone	Email	
Job Title		<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Primary Duties			
Reason for Leaving			
Start Date of Employment	End Date of Employment		

Company name		Address	
City	State	Zip Code	
Immediate Supervisor	Phone	Email	
Job Title		<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Primary Duties			
Reason for Leaving			
Start Date of Employment	End Date of Employment		

Company name		Address	
City	State	Zip Code	
Immediate Supervisor	Phone	Email	
Job Title		<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Primary Duties			
Reason for Leaving			
Start Date of Employment	End Date of Employment		

We may contact the employers listed above unless you indicate those who you do not want us to contact.

DO NOT CONTACT

Reason:



EDUCATION

Name and location of school	Major Area of Study	No. of years completed	Did you graduate?	Degree or Diploma
GRADUATE			<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
COLLEGE			<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
BUSINESS/ TRADE/ TECHNICAL/			<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
HIGH SCHOOL			<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	

REFERENCES

Please give the name, address, and phone number of three people that we may contact for a personal reference. **Please, no relatives.** Include area code and zip code.

Any additional information that you may wish to include:

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Date

Signature of Applicant