

# APPLICATION FOR EMPLOYMENT



## Project NOW Community Action Agency



We consider applicants for all positions without regard to race, religion, age, sex, national origin, marital or veteran status, the presence of non-job related medical condition or handicap, or any other legally protected status. Applications will be accepted for open positions when the agency is hiring.

### INCOMPLETE APPLICATIONS MAY NOT BE CONSIDERED FOR EMPLOYMENT

#### I. General Information

Today's Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Position Applying For: (Be specific): \_\_\_\_\_

Date available for Employment: \_\_\_\_\_

Type of Employment you are looking for (Please mark at least one):

- Full Time
- Part Time
- Temporary

Have you worked for Project NOW before?  Yes  No

If yes, please provide position title(s): \_\_\_\_\_

Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Indicate your citizen status:  U.S. Citizen  Permanent Resident Alien  Non-immigrant Alien

If Alien, Registration Number: \_\_\_\_\_ Visa Type: \_\_\_\_\_

Please list any **relative(s) and their relationship** to you who is/are currently employed with Project NOW:

\_\_\_\_\_

Are you currently on lay-off or subject to recall?  Yes  No

Do you have a valid driver's license?  Yes  No

Do you have a CDL or JO5 driver's license?  Yes  No

Do you have an automobile for work use?  Yes  No

Do you have liability insurance?  Yes  No

Can you travel overnight?  Yes  No

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## II. Education & Training

Education (Please note the highest year completed):

Elementary School: \_\_\_\_\_ High School: \_\_\_\_\_ College: \_\_\_\_\_ Graduate School \_\_\_\_\_

High School Diploma/GED

Yes

No

Name of School \_\_\_\_\_

Address (City and State): \_\_\_\_\_

Name & Location of College/University Attended	Credits/Semester Hrs	Major	Hrs	Minor	Hrs	Type of Degree Received

Other than English, what languages do you read? \_\_\_\_\_

Write? \_\_\_\_\_ Speak? \_\_\_\_\_

Have you had training the in following? (Please check if yes)

Customer Service

Data Entry

Spreadsheets

Early Childhood

Aging/Disabilities

Typing: Speed \_\_\_\_\_ wpm

Please list any other relevant training completed (certifications, seminars, workshops, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## III. Military Service:

Were you in the U. S. Armed Forces?

Yes

No

If yes, what branch? \_\_\_\_\_

Dates of Duty: From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at discharge: \_\_\_\_\_

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## IV. Employment History

Please list the positions that you have held, **starting with** your **most recent** position. Under "duties," describe your job in sufficient detail so that your tasks and level of responsibility can be determined. Attach a separate sheet for more detail, if needed.

I. Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Your Job Title: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ to \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
May we contact this employer?  Yes  No

II. Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Your Job Title: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ to \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
May we contact this employer?  Yes  No

III. Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Your Job Title: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ to \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
May we contact this employer?  Yes  No

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## V. Professional References (WORK-RELATED REFERENCES ONLY, no relatives please)

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
How Known: \_\_\_\_\_ How Long Known: \_\_\_\_\_
  
2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
How Known: \_\_\_\_\_ How Long Known: \_\_\_\_\_
  
3. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
How Known: \_\_\_\_\_ How Long Known: \_\_\_\_\_

## VI. Other

Please indicate any additional information which you feel may be helpful in determining your eligibility for employment:

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I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that this application for employment shall be considered active for a period of one year.

I understand that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by the employer and the employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I acknowledge that if I sign this document with an electronic signature, it is the legal equivalent of my manual signature.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date