



## Community Action Committee of Pike County

### **Information for Employment Applicants**

**The Community Action Committee of Pike County accepts employment applications for current and future position openings. Your application will be retained for a six (6) month time period (beginning as of the date stated on your application). Your credentials will be reviewed against open positions for which you've expressed interest on the application form. There is no need to re-apply for the same type of vacancy within the six (6) month time period. You may also view current openings at our website: [www.pikecac.org](http://www.pikecac.org).**

**Information provided on the application is subject to verification. Individuals being actively considered for employment will be required to sign a form that authorizes a criminal background check, verification of past employment and education, professional work references, etc.**

**Some positions require possession of a valid Commercial Driver's License (CDL), a valid state driver's license, and/or other professional licensing.**

**Thank you for expressing an interest in employment with Community Action. We appreciate your interest in helping us to continue to provide excellent services to our community.**

**The Community Action Committee of Pike County is an Equal Opportunity Employer/Equal Provider of Services and affords equal opportunity to all applicants for all positions and services without regard to race, color, religion, gender, national origin, age, disability, or any other status protected under local, state or federal laws.**



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Position (s) Applied For:			Date of Application		
Last Name	First Name	Middle Name	Social Security Number		
Your Mailing Address		City	County	State	Zip Code
Telephone Number (include area code)		Alternate Telephone Number: _____			
		E-mail Address: _____			
<b>Please Circle One</b>					
<b>Are you legally eligible to work in the United States?</b> (Proof of eligibility will be required upon offer of employment.)			<b>Yes</b>	<b>No</b>	
<b>Are you at least 18 years of age?</b> (If no, you may be required to provide a work authorization.)			<b>Yes</b>	<b>No</b>	
<b>If you are a male between the ages of 18 and 26, do you have proof of Registration with the Selective Service System or Exemption from such Registration?</b>			<b>Yes</b>	<b>No</b>	
<b>Can you, with or without reasonable accommodation, perform the essential functions of the job you are applying for?</b>			<b>Yes</b>	<b>No</b>	
<b>Have you ever worked for Community Action before?</b> (If yes, please give dates employed and name used if different.) _____			<b>Yes</b>	<b>No</b>	
<b>Have you been convicted of a felony in the past 10 years?</b> (If yes, please explain:) _____			<b>Yes</b>	<b>No</b>	
<b>Do you have a valid Ohio Driver's License?</b> (Driver's License Number: ) _____			<b>Yes</b>	<b>No</b>	
<b>Have you been convicted of any traffic moving violations in the past five year?</b> (Required for driving positions only.) If yes, please explain: _____			<b>Yes</b>	<b>No</b>	
<b>What is the earliest date you would be available to work?</b> _____					

**Education**

	Name/Location of School	Course of Study or Major	# Years Attended	Diploma/Degree
GED				Yes__ No__
High School				Yes__ No__
College				Yes__ No__
Graduate				Yes__ No__
Vocational				Yes__ No__

**Knowledge/Skill/Abilities (KSAs)**

List KSAs you possess and believe relevant to the position you seek or any other experience, training, or qualifications which you feel should be brought to our attention.


**Licensure, Registration, Certification , Drivers License Number**

(Examples: Teacher Certification, RN, LPN, Drivers License Number etc.)

License, Registration or Certification:	Number	Date Rec'd	Exp. Date	State Licensing Agency

**Employment History**

(Begin with current or most recent employer.)

Company	Employment Dates: _____ to _____
Address _____	Phone Number
Name/Title of Supervisor	
Your Position Title:	Your Duties:
Reason for Leaving:	

### Employment History

Company _____		Employment Dates: _____ to _____
Address _____		Phone Number _____
Name/Title of Supervisor _____		
Your Position Title: _____	Your Duties: _____	
Reason for Leaving: _____		

### Employment History

Company _____		Employment Dates: _____ to _____
Address _____		Phone Number _____
Name/Title of Supervisor _____		
Your Position Title: _____	Your Duties: _____	
Reason for Leaving: _____		

### References

(Please list three persons, who are not related to you and are not previous supervisors, who can provide a professional reference.)

Name	Phone Number	Occupation	Years Known

## **Applicant Acknowledgement and Authorization**

**Please read carefully and initial each paragraph, then sign below.**

\_\_\_\_\_ I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in these documents may be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery, including after hire.

\_\_\_\_\_ I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Community Action , such employment is "at-will". "At-will" means that employment with Community Action is for no specified duration and may be terminated by Community Action or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions and statements of Community Action or its representatives used during the employment process and/or for the duration of employment is deemed a contract of employment (real or implied).

\_\_\_\_\_ In consideration for employment with Community Action, if employed, I agree to comply with the current and amended rules, regulations, policies, and procedures of Community Action at all times.

\_\_\_\_\_ I understand that a comprehensive background investigation may be conducted as part of the employment process. This report may include information concerning my criminal record and history, character, reputation, and other personal data. I understand that if I am denied employment based on information from such report, I have the right to make a written request within a reasonable time for the name and address of the reporting agency and for disclosure of the nature and scope of the investigation. I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to the Community Action Committee of Pike County and/or any of its representatives, agents or vendors, and I release all parties involved from any and all liability for any and all damage that may result from providing such information. I understand that all offers of employment are contingent upon the organizations satisfaction with the results of the background investigation.

\_\_\_\_\_ I understand that this application is considered current for six (6) months for the position (s) specified on this application. If I wish to be considered for employment after this time period, I must complete and submit a new application.

**By signing below, I acknowledge that I have read, understood and agree to the above statements.**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**