

Community Action Committee of Pike County

Information for Employment Applicants

The Community Action Committee of Pike County, Inc. accepts employment applications for current position openings. Your credentials will be reviewed for the position you've expressed interest in on the application form. You may view current openings at our website: www.pikecac.org.

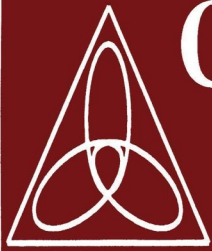
Information provided on the application is subject to verification. Individuals being actively considered for employment will be required to sign a form that authorizes a criminal background check, verification of past employment and education, professional work references, etc.

Some positions require possession of a valid Commercial Driver's License (CDL), a valid state driver's license, and/or other professional licensing. Some positions may also require drug, alcohol, and/or medical testing to determine suitability for the position, and/or additional testing to determine competency.

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, Inc., is an equal opportunity employer and affords equal consideration to all applicants for all positions without regard to race, color, religion, gender, national origin, ancestry, age, physical or mental disability, sexual orientation, transgender status, genetic information, marital status, citizenship status, veteran status, pregnancy, height, weight, or any other or any other status protected under local, state or federal laws.

Upon request and consistent with applicable laws, the Community Action Committee of Pike County, Inc. will provide reasonable accommodations to individuals with disabilities who need an accommodation to fully participate in the application process and in subsequent employment, if hired.



Community Action Committee of Pike County

AUTHORIZATION FOR BACKGROUND CHECK

Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.

I hereby authorize the Community Action Committee of Pike County to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. 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 its representatives, agents, or vendors, and I release all parties 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 Community Action Committee of Pike County may utilize an outside firm or firms to assist in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

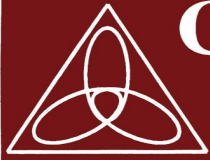
Signature of Applicant

Date

Printed Name of Applicant

Social Security Number

Drivers License Number



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Upon request and consistent with applicable laws, the Community Action Committee of Pike County, Inc. will provide reasonable accommodations to individuals with disabilities who need an accommodation to fully participate in the application process and in subsequent employment, if hired.

Position (s) Applied For:			Date of Application		
Last Name	First Name	Middle Name	Social Security Number (Optional)		
Mailing Address		City	County	State	Zip Code
Telephone Number (include area code)			Alternate Telephone Number: _____ E-mail Address: _____		

Please Circle One

Are you legally eligible to work in the United States?
(Proof of eligibility will be required upon offer of employment.)

Yes No

Are you at least 18 years of age?
(If no, you may be required to provide a work authorization.)

Yes No

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?

Yes No

Can you, with or without reasonable accommodation, perform the essential functions of the job you are applying for?

Yes No

Have you ever worked for Community Action before?
(If yes, please give dates employed and name used if different.)

Yes No

Have you ever been convicted of a felony or misdemeanor of any kind?
A conviction may not automatically exclude you from employment.
(If yes, please list the offense, location, and date of conviction.)

Yes No

Do you have a valid Ohio Driver's License?
(Driver's License Number:) _____

Yes No

Have you been convicted of any traffic moving violations in the past five (5) years? Yes No
If yes, please explain:

What is the earliest date you would be available to work? _____

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/Skills/Abilities (KSAs)

List Knowledge/Skills/Abilities 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, CDL License Number and Endorsement Type, etc.)

License, Registration or Certification:	Number	Date Rec'd	Exp. Date	State Licensing Agency	Ever suspended or revoked?
					Yes ____ No ____
					Yes ____ No ____

Employment History (Begin with current or most recent employer. You must accounts for all period of time over the last seven years, including periods of unemployment.)

Company		Employment Dates: _____ to _____	
Address _____		Phone Number	
Name/Title of Supervisor			
Your Position Title:	Your Duties:		
Reason for Leaving:		May We Contact This Employer?: Yes__ No__	

Company		Employment Dates: _____ to _____	
Address _____		Phone Number	
Name/Title of Supervisor			
Your Position Title:	Your Duties:		
Reason for Leaving:		May We Contact This Employer?: Yes__ No__	

Company _____		Employment Dates: _____ to _____
Address _____		Phone Number _____
Name/Title of Supervisor _____		
Your Position Title: _____	Your Duties: _____	
Reason for Leaving: _____	May We Contact This Employer?: Yes__ No__	

Company _____		Employment Dates: _____ to _____
Address _____		Phone Number _____
Name/Title of Supervisor _____		
Your Position Title: _____	Your Duties: _____	
Reason for Leaving: _____	May We Contact This Employer?: Yes__ No__	

Company _____		Employment Dates: _____ to _____
Address _____		Phone Number _____
Name/Title of Supervisor _____		
Your Position Title: _____	Your Duties: _____	
Reason for Leaving: _____	May We Contact This Employer?: Yes__ No__	

References

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

Name	Phone Number	Occupation	Years Known

How did you hear about this position? (Please check)	
<input type="checkbox"/> Newspaper <input type="checkbox"/> Facebook <input type="checkbox"/> Agency Website	<input type="checkbox"/> Family or Friend <input type="checkbox"/> Ohio Means Jobs <input type="checkbox"/> Other _____

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 Committee of Pike County, Inc., 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, Inc. 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 agree that any claim or lawsuit relating to my service with Community Action must be filed no more than 180 days after the date of the employment actions that are the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

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

Print Name

Signature

Date