

**COASTAL COMMUNITY ACTION PROGRAM
APPLICATION FOR EMPLOYMENT**

Date:

Applicant Name:

Present Address:

Telephone:

Social Security No.:

Permanent Address (If different from present address):

Are you 18 years old or older?

Yes No

Are you either a U.S. citizen or an alien authorized to work in the U.S.?

Yes No

Have you ever worked or attended school under another name? If so, under what name?

Have you ever been convicted of a crime?* Yes No

If yes, give details, including date(s):

* A "yes" answer will not automatically disqualify you from employment. We will consider the nature and date of the offense and the job for which you are applying for job-related purposes only, and only to the extent permitted by applicable law.

POSITION DESIRED

Position:

Date you can start:

Hourly rate/monthly salary desired:

Do you prefer: Full-time Part-time

Hours you are available to work:

If part-time, hours per week desired:

Days of week you are available to work:

Are you able to work:

Weekends* Yes No Holidays* Yes No Nights* Yes No

* if required for the position for which you are applying

Are you available to work overtime? Yes No

Have you previously worked for this Agency? If so, from _____ to _____		
Reason for leaving:		
Former supervisor(s) at this Agency:		
How did you learn about this opening?		
EDUCATION		
High School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Technical School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
College/University:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Other education or training:		
Other special skills:		
MILITARY EXPERIENCE		
Branch of Service:	Dates Served:	Rank at Discharge:
Education and Training:		
WORK EXPERIENCE		
Please list all previous employment, beginning with the most recent. If you need more room, you may attach another sheet of paper.		
Employer:		Address:
From _____ to _____	Position Held:	Reason for leaving:
Supervisor's Name & Title:	Phone:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:		
Starting Hourly Pay:	Final Hourly Pay:	
Employer:	Address:	

From	to	Position Held:	Reason for leaving:
Supervisor's Name & Title:		Phone:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Hourly Pay:		Final Hourly Pay:	
Employer:		Address:	
From	to	Position Held:	Reason for leaving:
Supervisor's Name & Title:		Phone:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Hourly Pay:		Final Hourly Pay:	

AUTHORIZATION AND ACKNOWLEDGMENTS

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.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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.

Applicant Signature: _____

Date: _____