



APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER
EQUAL TRAINING OPPORTUNITIES
M/F/D/V

APPLICANT INFORMATION									
Last Name				First			M.I.	Date	
Street Address							Apartment/Unit #		
City				State			ZIP		
Phone				E-mail Address					
Available Start Date				Social Security No.				Desired Salary	
Position Applied for		How did you hear about this job?							
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this Agency?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?					
Do you know anyone that works at this Agency?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, name(s)					
Are you related to anyone that works for this Agency or is a Board Member?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, name(s), and relationship					
Have you ever worked under another name?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, name(s)					
Are you available for full-time work?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, what hours can you work?					
Are you available to work overtime if asked?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, what hours can you work?					
Have you ever been a convicted felon?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain.					
EDUCATION									
High School				Address					
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
College				Address					
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
Other				Address					
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
Are you planning to further your education? (That may relate to the position you're applying for.) If yes, when and where?									

PREVIOUS EMPLOYMENT				
Company		Phone		
Address		Supervisor		
Job Title	Starting Salary	\$	Ending Salary	\$
Responsibilities				
Reason for Leaving				
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> Start Date End Date				
Company		Phone		
Address		Supervisor		
Job Title	Starting Salary	\$	Ending Salary	\$
Responsibilities				
Reason for Leaving				
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> Start Date End Date				
Company		Phone		
Address		Supervisor		
Job Title	Starting Salary	\$	Ending Salary	\$
Responsibilities				
Reason for Leaving				
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> Start Date End Date				
Company		Phone		
Address		Supervisor		
Job Title	Starting Salary	\$	Ending Salary	\$
Responsibilities				
Reason for Leaving				
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> Start Date End Date				

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain:	

REFERENCES

Please list three professional references.

Full Name		Relationship	
Company		Phone	
Address			

Full Name		Relationship	
Company		Phone	
Address			

Full Name		Relationship	
Company		Phone	
Address			

Summarize special skills and qualifications acquired from employment, education, or other experience:

Professional licenses or certificates (include license or certificate number) you hold:

State any additional information you feel may be helpful to us in considering your application:

TO COMPLY WITH STATE AND FEDERAL REQUIREMENTS, CERTAIN AGENCY PROGRAMS MANDATE A CRIMINAL RECORD CHECK AS A CONDITION OF EMPLOYMENT.

DISCLAIMER AND SIGNATURE

I, the applicant named in the above (forgoing), do certify that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any misrepresentation or falsification, my application will be rejected, my name will be removed from consideration, and it shall constitute grounds for my dismissal. I authorize Daniel Boone Community Action Agency, Inc. to make the necessary and appropriate investigation to verify the information contained herein.

Signature	Date
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Daniel Boone CAA, Inc. does not discriminate on the basis of race, color, national origin, religion, sex, gender identity, pregnancy, disability, age, medical condition, veteran status, genetic information, marital status, retaliation, citizenship, sexual orientation, familial status, or any other legally protected characteristic.