

APPLICATION FOR EMPLOYMENT

Community Action Program for Central Arkansas

707 Robins Street, Suite 118

Conway, AR 72034

(501) 329-0977 or (501) 329-3891

www.capcainc.org

Mission Statement: CAPCA is committed to providing quality services to eligible clients to develop their full potential, become more self-sufficient and be a productive member in their community.

(PLEASE PRINT)

Date of Application: _____

Position(s) Applied For: _____

Referral Source: Advertisement Walk-In Employment Agency Website Other _____

Name: _____
Last First Middle

Address: _____
Number Street City State Zip Code

Telephone: (____) _____ If necessary, the best time to call you at home is:
_____ am/pm to _____ am/pm. May we contact you at work? Yes No

If yes, work number and best time to call: (____) _____ am/pm _____ am/pm

If employed and you are under age 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If yes, give date: _____

Have you ever been employed here before? Yes No If yes, give date: _____

Are you employed now? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes No (Proof of U.S. citizenship or immigration status will be required upon employment.)

On what date would you be available for work? _____

Type of employment desired: Full Time Part Time Seasonal Temporary

Are you on a lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Are you willing to work in other program sites as assigned? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

(Such convictions may be relevant if job related, but do not bar you from employment.)

If yes, please explain: _____

AN EQUAL OPPORTUNITY EMPLOYER

DIRECT DEPOSIT IS REQUIRED FOR EMPLOYMENT

EMPLOYMENT HISTORY:

Please give an accurate, complete full-time and part-time employment record. Start with your present or most recent employers. Applicants for Bus Drivers must provide information for last 10 years of employment. All other applicants must provide information for last 6 years of employment. Use another sheet of paper if necessary.

Start with your present or last job. Include military service assignments and volunteer activities. Explain any gaps in employment in the comments section below.

Employer:	Telephone:	Dates Employed:		Work Performed:
	()	From:	To:	
Address:				
Job Title:		Hourly Rate/Salary:		
Supervisor:		Starting:	Final:	
Reason for Leaving:				
Employer:	Telephone:	Dates Employed:		Work Performed:
	()	From:	To:	
Address:				
Job Title:		Hourly Rate/Salary:		
Supervisor:		Starting:	Final:	
Reason for Leaving:				
Employer:	Telephone:	Dates Employed:		Work Performed:
	()	From:	To:	
Address:				
Job Title:		Hourly Rate/Salary:		
Supervisor:		Starting:	Final:	
Reason for Leaving:				
Employer:	Telephone:	Dates Employed:		Work Performed:
	()	From:	To:	
Address:				
Job Title:		Hourly Rate/Salary:		
Supervisor:		Starting:	Final:	
Reason for Leaving:				

Comments: _____

SKILLS AND QUALIFICATIONS: Summarize any special training, skills, licenses, certificates and/or characteristics that may qualify you as being able to perform job-related functions for the position(s) which you are applying.

List any foreign language(s) you know and check the boxes that describe your skill level.

Language	Speak Some	Speak Fluently	Read	Write

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal gender, race, religion, national origin, age, color, disability or other status.)

List special accomplishments, publications, and/or awards. (Exclude information which would reveal gender, race, religion, national origin, age color, disability or other status.)

List any additional information you think is relevant and would like us to consider. _____

PERSONAL REFERENCES:

List name, address and telephone number of three references who are **not** related to you and are **not** previous employers.

Name	Address	Telephone
Name	Address	Telephone
Name	Address	Telephone

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Disabilities:

Government contractors are subject to 38 USC 2012 of the Vietnam Era Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era and Section 504 of the Rehabilitation Act, which requires government contractors to take affirmative action to employ and advance in employment qualified disabled individuals.

In accordance with Section 504 and the Americans with Disabilities Act, CAPCA will not deny employment solely on the basis of a disability. Reasonable accommodations will be made for all applicants when necessary.

EDUCATION:

School	Name and Location of School	Course of Study	Number of Years Completed	Did you graduate?	Degree or Diploma earned, if any
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business, Trade or Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		Major: Minor:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School		Major:		<input type="checkbox"/> Yes <input type="checkbox"/> No	

APPLICANT'S STATEMENT:

I certify that the 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 is not and is not intended to be a contract of employment.

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 agency.

I understand it is the Agency's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

This application is current for one year from the date of application. If I have not heard from the Agency at the end of the period and still wish to be considered for employment, it will be necessary to complete a new application.

Signature of Applicant

Date

Applicants are considered for all positions without regard to race, color, religion, gender, political affiliation, pregnancy, national origin, age over 40, genetic information, marital or veteran status, or the presence of a non-job related medical condition or disability.

**Declaration Form for Prospective Employees
(Criminal, Child Abuse & Violent Felony Charges & Convictions)**

Federal policies mandate that all prospective employees sign a declaration prior to employment, which lists:

- 1) All pending and prior criminal arrests and charges related to child sexual abuse and their disposition.
- 2) Convictions related to other forms of child abuse and/or neglect; and
- 3) All convictions of violent felonies.

The declaration may exclude:

- 1) Traffic fines of \$200 or less;
- 2) Any offense, other than any offense related to child abuse and/or child sexual abuse or violent felonies, committed before the prospective employee's 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law;
- 3) Any conviction the record of which has been expunged under Federal or State law; and
- 4) Any conviction set aside under the Federal Youth Corrections Act or similar State authority.

Note: Individuals who declare, through this form, that they have been arrested, charged with or convicted of any of the offenses listed above are not automatically disqualified from being hired. CAPCA will review each case to assess the relevance of an arrest, charge or conviction prior to a hiring decision.

Please provide your signature in the appropriate category below:

I **have not been** arrested, charged and/or convicted of one or more of the three types of offenses listed above.

Signature

Date

I **have been** arrested, charged and/or convicted of one or more of the three types of offenses listed above. If so, please attach information listing the offense(s), the date(s) of the arrest, charge, and/or conviction, and other relevant information.

Signature

Date