



APPLICATION FOR EMPLOYMENT

Mission Statement

We strengthen individuals, families and communities by providing direct services and by partnering with others to create sustainable solutions to poverty in an ever-changing environment.

(PLEASE PRINT)

Position(s) Applying For	Date of Application
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Legal Last Name	Legal First Name	Legal Middle Name	
Street Address	Town	State	Zip
Telephone Number(s) (best way to contact you)			

Are you 18 years of age or older? Yes No

Have you ever been employed with us before? Yes No

If yes, give date(s) and position(s) held _____

Does anyone in your immediate family or household member work for this agency or serve on the Board of Directors? Yes No

If yes, please list their names and relationship to you _____

Are you eligible for employment in the United States? Yes No
(Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Sub/Spare

Have you ever been convicted of, or currently charged with a crime, including reckless driving, operating a motor vehicle under the influence, or driving to endanger (a conviction will not necessarily bar you from employment)? Yes No

If yes, please explain _____

Have you ever been investigated by, sanctioned by or otherwise had your ability to participate in Medicaid, Medicare or other government sponsored program suspended, revoked, limited or terminated? Yes No

If yes, please explain and include information about the action and the applicable dates _____

Have you ever been involved in a substantiated child abuse or neglect situation? Yes No

If yes, please explain _____

Failure to list convictions at the time of application may result in rejection of application or dismissal if hired.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Employment Experience

Beginning with your current or most recent job, list all previous employers and provide a description of duties.

1.	Employer		DATES EMPLOYED		Work Performed
			From	To	
Address					
Telephone Number(s)		HOURLY RATES/SALARY			
		Starting		Final	
Job Title		Supervisor			
Reason for Leaving:					

2.	Employer		DATES EMPLOYED		Work Performed
			From	To	
Address					
Telephone Number(s)		HOURLY RATES/SALARY			
		Starting		Final	
Job Title		Supervisor			
Reason for Leaving:					

3.	Employer		DATES EMPLOYED		Work Performed
			From	To	
Address					
Telephone Number(s)		HOURLY RATES/SALARY			
		Starting		Final	
Job Title		Supervisor			
Reason for Leaving:					

4.	Employer		DATES EMPLOYED		Work Performed
			From	To	
Address					
Telephone Number(s)		HOURLY RATES/SALARY			
		Starting		Final	
Job Title		Supervisor			
Reason for Leaving:					

If you need additional space, please continue on a separate sheet of paper.

PLEASE USE THIS SPACE TO EXPLAIN ANY TIME PERIODS DURING WHICH YOU WERE NOT EMPLOYED.

Education

	High School				Undergraduate College/University				Graduate/Professional			
School Name and Location												
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree												
Describe Course of Study												
Describe any specialized training, apprenticeship, skills, and extra-curricular activities.												
List any licenses held or certifications completed.												

Additional Information

Why are you interested in this job?

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

References

Give name, address and telephone number of three references (not related to you) who can tell us about your employment and your character (work references are strongly preferred).

1.
2.
3.

We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, sexual orientation, marital, or veteran status, the presence of a non-job related medical condition or disability, or any other legally protected status.

Applicant's Statement

I certify the facts set forth in my application for employment are true and complete. I understand, if employed, false statements on, or material omitted from this application shall result in dismissal. I authorize KVCAP to verify all statements contained in this application and to make any necessary reference checks.

I authorize the references and employers listed to give KVCAP any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and I release all parties from liability from any damage which may result from furnishing the same to KVCAP.

This application for employment shall be considered only for an existing vacancy in the position(s) indicated on the front page, and shall be considered active for no more than 45 days.

I hereby understand and acknowledge that 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 the 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.

Furthermore, I understand that the following background checks will be completed and an offer of employment is contingent on the results: Department of Health & Human Services (DHHS), State Bureau of Investigation (SBI), Department of Motor Vehicle (DMV), Fraud, National Sex Offender Registry and in some cases fingerprinting.

SIGNATURE OF APPLICANT

DATE

The Promise of Community Action

*Community Action changes people's lives, embodies the spirit of hope,
improves communities,
and makes America a better place to live.*

*We care about the entire community,
and we are dedicated to helping people
help themselves and each other.*