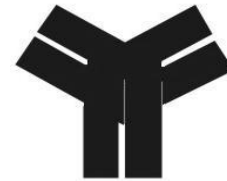




Capital Area Community Action Agency
309 Office Plaza Drive
Tallahassee, FL 32301
Telephone: (850) 222-2043
Fax: (850) 942-2090



Employment Application

Name _____ **Social Security No.** _____
 Last First Middle

Present Address _____ **How long have you lived here?** _____
 Street and Number City/State Zip Years Months

Previous Address _____ **How long did you lived there?** _____
 Street and Number City/State Zip Years Months

Telephone No. _____ **Position Applying For:** _____

Have you ever worked for this agency before? Yes No **If yes, please give dates and position** _____

Do you have any friends or relatives employed with the agency or serving on the Board of Directors?
If yes, Name: _____ **Relationship** _____

Have you ever been convicted, pled guilty or "no contest" to a crime, had adjudication withheld, prosecution deferred, or do you have any criminal charges pending Yes No

If yes, please give date(s) and details for each: _____

What is the minimum salary you will accept? _____

Employment

Please list the names of your present and previous employers in chronological order with present or last employer listed first. Please account for **all** periods of time including any period of unemployment.

Present/Past Employer	From	Salary	Position	Reason for Leaving
Address _____	To		Supervisor Name	
Street and No. City St. Zip				
Telephone _____				

Present/Past Employer	From	Salary	Position	Reason for Leaving
Address _____	To		Supervisor Name	
Street and No. City St. Zip				
Telephone _____				

Present/Past Employer	From	Salary	Position	Reason for Leaving
Address _____	To		Supervisor Name	
Street and No. City St. Zip				
Telephone _____				

Present/Past Employer	From	Salary	Position	Reason for Leaving
Address _____	To		Supervisor Name	
Street and No. City St. Zip				
Telephone _____				

(Use another sheet if you need additional space.)

Have you ever been terminated Yes No If yes, please explain circumstances: _____

Please fully explain any gaps in your employment history: _____

Education

Level	Name / Location	Years Completed	Degree	Study / Major
Elementary				
High School				
College / University				
Graduate / Professional				
Trade / Correspondence				
Other				

References (No Relatives)

Name	Relationship	Address	Telephone Number

This application will be considered active for a maximum of thirty (30) days. If you wish to be considered for employment after that time, you must reapply.

I HEREBY CERTIFY that all of the information I have provided in this application is true and accurate.

Date

Signature of Applicant

This company is an equal opportunity employer and does not discriminate because of race, color, religion, sex, age, citizenship marital status, disability, or national origin.

**Equal Opportunity Employer
Applicant's Statement**

By signing this application, I certify that all of the information that I provide on this application and in any interview will be true, complete, and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I will be terminated.

I understand that the Agency may contact my previous employers and I authorize those employers to disclose to the Agency all records and other information pertinent to my employment with them.

I understand that as a condition of employment by the agency I will be subject to criminal background screenings, including local, FBI, and FDLE screenings, Department of Motor Vehicle (DMV) screenings and that certain positions will require regular updated criminal background screenings and DMV screenings. Further, I understand that certain positions within the agency require a credit check as a condition of hiring and that I will be required to execute a future separate release regarding this credit check if interviewed for the position. Finally, I understand that the Agency reserves the right to require me to submit to a drug test at any time; and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law.

Date

Signature of Applicant

EEO Data Reporting Form

The federal government requires the following information to be collected for statistical reporting as a part of the Affirmative Action Program. Refusal to answer will not result in adverse treatment of any applicant. This information is not used in the employment process nor released in a manner which identifies the individuals. The form will be removed prior to being forwarded to the hiring authority.

Today's Date / /

Social Security - -

Last Name

First Name

Middle

Position for which you are applying

Sex (check appropriate box) Male

Female

Date of Birth / /

Race (Check appropriate Box)

1. American Indian / Alaskan Native
2. Asian
3. Black or African American (Not Hispanic or Latino)
4. Hispanic or Latino
5. Native Hawaiian or Other Pacific Islander
6. White (not Hispanic or Latino)
7. Two or more Races (Not Hispanic or Latino)