

APPLICATION FOR EMPLOYMENT

Please Print

Community Action Partnership of Western Nebraska

3350 10th Street

Gering, NE. 69341-1700

(308)-635-3089 Fax (308) 635-0264

Position Applied For: _____ Date of Application _____

Federal Law obligates us to provide reasonable accommodations to known disabilities of applicants and employees, unless to do so, would pose an undue hardship. Please let us know if you need an accommodation to complete the application process.

| Personal Information | | | | | |
|----------------------|--------|------------|------------------|-------------|----------------|
| Last Name | | First Name | | Middle Name | |
| AKA (also Known As): | | | Telephone Number | | |
| Mailing Address | Street | City | State, | Zip Code | E-Mail Address |

| Employment Information | | | | | |
|------------------------------------------------------------------------------------------------|--|------------------------------|------------------------------|----------------------------------|-----------------------------|
| Have you ever applied at Community Action Partnership of Western NE. | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, when? |
| Have you ever been employed by Community Action Partnership of Western NE.? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, when? |
| Are you 18 years of age? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are you 21 years of age or over? | |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a valid driver's license? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Are you prevented from lawfully working in this country because of Visa or Immigration Status? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Proof of citizenship or immigration status will be required before employment. | | | | | |
| | | | | | |

| | | | | | | | | |
|-----------------------------|--|------------------------------------|------------------------------------|---------------------------------------|-------------------------------|-----------------------------------|------------------------------------|-----------------------------------|
| Are you currently employed? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, can we contact your employer? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Are you available to work: | | <input type="checkbox"/> Full Time | <input type="checkbox"/> Part-Time | <input type="checkbox"/> Temporary | <input type="checkbox"/> Days | <input type="checkbox"/> Evenings | <input type="checkbox"/> Overnight | <input type="checkbox"/> Weekends |
| What days? | | S | M | T | W | T | F | S |

Certification

The answers and information that I have provided in this application are true and complete to the best of my knowledge. **By signing this application, I hereby authorize and give consent to any and all prior employers of mine to provide any and all information authorized by law with regard to my employment with such prior employers to CAPWN.**

By signing this application, I also agree to indemnify and hold harmless CAPWN against any claim or liability that arises or is in any way connected from CAPWN's making the investigation that I have authorized herein. I understand that the authorization and consent I have given herein shall be valid for a period of six months from the date that I have signed this application.

I understand if a hiring offer is extended, I may have to successfully pass a pre-employment drug screen depending on CAPWN policy and/or complete a health screening by a doctor/nurse selected by CAPWN to determine whether I can perform the job duties.

I understand that this application is not a contract of employment. I also understand that if hired, regardless of any oral representation to the contrary, the employment relationship between myself and CAPWN is terminable at will so that both CAPWN and I remain free to choose to end our work relationship at any time for any or no reason. Any changes in this employment relationship must be made in writing.

I understand that any false or misleading information provided in my application or at interview may result in the denial of my application for employment, or, if hired, may result in immediate discharge.

I understand that I shall not hold a job with CAPWN while I or a member of my immediate family serves on the Board of Directors or Policy Council of CAPWN or delegate agencies.

Signature of Applicant _____ Date _____

Employment Experience

Resume may be included but not substituted for this information.

Start with your present or last job. Include military assignments and volunteer activities.

Please indicate reason for extended breaks in employment history.

| | | | |
|----------------------------|--------------------|-------|----------------|
| Employer: | Dates Employed | | Work Performed |
| Address: | From | To | |
| Telephone (with area code) | | | |
| Job Title: | Hourly Rate/Salary | | |
| | Start | Final | |
| Supervisor: | | | |
| Reason for leaving: | | | |

| | | | |
|----------------------------|--------------------|-------|----------------|
| Employer: | Dates Employed | | Work Performed |
| Address: | From | To | |
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Education

Please list education or specialized experiences which relates to the position for which you are applying. You may exclude names or terms which indicate race, color, religion, sex, disability or national origin.

| | Elementary | High School | College/University | Graduate/Professional |
|------------------------------------------------------------------------------------|------------|-------------|--------------------|-----------------------|
| List School Name | | | | |
| Circle Last Grade Completed | 4 5 6 7 8 | 9 10 11 12 | 1 2 3 4 | 1 2 3 4 |
| Diploma/Degree | | Yes No | Yes No | Yes No |
| Course of Study | | | | |
| List Specialized Training, Skills, Apprenticeship, and Extra-Curricular Activities | | | | |

Licenses and Certificates

Special Skills

List languages you can Speak: Read: Write:

Other skills:

Honors and Awards

References (3) DO NOT LIST RELATIVES

| | | | |
|------|---------|-------------|------|
| Name | Address | Phone: Work | Home |
| Name | Address | Phone: Work | Home |
| Name | Address | Phone: Work | Home |

Miscellaneous

How did you hear about this position: Newspaper Internet Workforce Development Friend/Relative
 CAPWN Web Site CAPWN Employee, who _____ Job Fair Other, describe

Equal Opportunity Statement

We consider applicants for all positions without regard for race, color, religion, creed, gender, national origin, ancestry, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Office Use Only
 Circle one:
 Not interviewed
 Interviewed not hired
 Hired
 Revised 08/12