

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. Yes No If yes, when? _____

Have you ever been employed by Community Action Partnership of Western NE.? Yes No If yes, when? _____

Are you 18 years of age? Yes No Are you 21 years of age or over? Yes No

Do you have a valid driver's license? Yes No

Are you prevented from lawfully working in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required before employment.



Are you currently employed? Yes No If yes, can we contact your employer? Yes No

Are you available to work: Full Time Part-Time Temporary Days Evenings Overnight 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:			

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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