

MONTGOMERY COMMUNITY ACTION AGENCY

Application for Employment

We are an Equal Opportunity Employer. Employment with our Agency is at the will of the employee and the employer. Please complete all sections of this application. If it does not apply to you, write (NA). You must review and sign the Disclosure Statement, and Authorization For Release Of Information on page 4. Thank You.

Date	Job Applied For
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BASIC INFORMATION – Please Print in Ink

Name: (In Full) Last – First – Middle

Please indicate other names you have used in previous employment or education. State name and dates:

Residence: Street Address	City	State	Zip Code
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Home Telephone ()	Other Telephone ()
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Do you have the required documentation or can you obtain the required documentation that would permit lawful employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you at least 19 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
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How did you learn of this opening?

Have you worked here before? Yes No If yes, when:

Are you a current or former Head Start parent? Yes No If yes, when:

Do any of your relatives work here or are members of the Board of Directors or Policy Council? Yes No
If yes, give name and relationship.

PERSONAL REFERENCES (Not Former Employers or Relatives) Friends, Associates, Neighbors

Name	Occupation	Relationship	Phone #
1.			
2.			
3.			

Name and Telephone Number of Person to notify in case of emergency.

1. _____ Home Phone _____ Other Phone _____

Previous Addresses During the Last Three Years

Street Address	City	State	Zip	From	To
1.					
2.					
3.					

RECORD OF EMPLOYMENT

List All Employers During The Last Seven Years. Use Additional Sheets If Needed.

1.) EMPLOYER (present or last):			Supervisor's Name:		
Street Address:		City:	State:	Zip Code:	Area Code/Phone Number:
Job Title:		Base Salary (Annual or Hourly):		Dates Employed (Month/Year):	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Start	Final	From	To
Describe Responsibilities:					
Reason for Leaving:					
Presently Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact this Employer to obtain a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No					

2.) EMPLOYER (Previous):			Supervisor's Name:		
Street Address:		City:	State:	Zip Code:	Area Code/Phone Number:
Job Title:		Base Salary (Annual or Hourly):		Dates Employed (Month/Year):	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Start	Final	From	To
Describe Responsibilities:					
Reason for Leaving:					

3.) EMPLOYER (Previous):			Supervisor's Name:		
Street Address:		City:	State:	Zip Code:	Area Code/Phone Number:
Job Title:		Base Salary (Annual or Hourly):		Dates Employed (Month/Year):	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Start	Final	From	To
Describe Responsibilities:					
Reason for Leaving:					

4.) EMPLOYER (Previous):			Supervisor's Name:		
Street Address:		City:	State:	Zip Code:	Area Code/Phone Number:
Job Title:		Base Salary (Annual or Hourly):		Dates Employed (Month/Year):	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Start	Final	From	To
Describe Responsibilities:					
Reason for Leaving:					

MILITARY

Have you ever served in the Armed Forces? Yes No Date of Duty: _____ From _____ To _____
Rank at Discharge _____

Type of Military Duties: _____

EDUCATION AND TRAINING

(Please list all high schools, colleges, special training, and number of years completed)

Name of School	City & State	Major Studies, Degrees	No. Years	Graduated?
High School				
College				
Graduate				
Other				

List any education or training related to the position(s) applied for.:

Professional Designations/Licenses

JOB INFORMATION

Have you ever been placed on probation or disciplined for tardiness, absenteeism, or work performance? Yes No
If yes, please explain.

Have you ever been asked to resign or been discharged from any position? Yes No If yes, please explain.

Have you ever been convicted or pled guilty of a criminal offense other than minor traffic offenses? Yes No
If yes, please explain. A conviction does not automatically disqualify you.

Have you ever received a substantiated report from the Alabama Child Abuse/Neglect Central Registry? Yes No
If yes, please explain.

Have you ever received a letter of unsuitability from the Alabama Department of Human Resources? Yes No
If yes, give date.

UNEMPLOYMENT: State all intervals of unemployment, if any, from school to present time.

From (Mo./Yr.) _____ To (Mo./Yr.) _____ Reason _____

From (Mo./Yr.) _____ To (Mo./Yr.) _____ Reason _____

This application will be given every consideration, but its receipt does not imply that you will be employed. The following Disclosure Statement and Authorization For Release Of Information must be properly signed in order for this application to be considered.

DISCLOSURE STATEMENT

This Agency does not discriminate in hiring or any employment practice on the basis of race, color, religious creed, national origin, sex, ancestry, age, or citizenship status nor does this Agency discriminate against any employee or applicant for employment because of physical or mental disability, nor does this Agency discriminate against Vietnam Era veterans or veterans with disabilities. Applicants will be considered regardless of disability, if otherwise qualified. No question on this application is intended to secure information to be used for such discrimination. If you feel that you have been discriminated against in any prohibited manner during the selection process, please ask to speak to the Equal Opportunity Coordinator in order for the matter to be investigated further.

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give the Agency permission to contact schools, previous employers, references, and all others, and hereby release the Agency from any liability as a result of such contact. I understand that misrepresentations, omissions of facts, or incomplete information requested in this application may remove me from further consideration for employment or may result in my dismissal should I be employed.

I hereby acknowledge that I have read the foregoing disclosure statement and understand the contents. I authorize the preparation and use of the aforementioned consumer report. I understand that any offer of employment and my continued employment in certain classes of jobs may be conditioned on the requirements to take a physical examination. I also understand that my initial and continued employment is conditioned on my being able to perform the essential functions of the job according to the standards set by the Agency, with or without reasonable accommodation.

It is agreed and understood that this Application for Employment in no way obligates the Agency to employ me and that any offer of employment is subject to the terms and conditions stated on this application form. I agree and understand that my employment is for no definite duration and may be terminated at will by either the Agency or me. It is agreed and understood by me that participation in any of the benefit programs of the Agency does not create a contract of employment. Additionally, the Employee Policy Manual or other statements of Agency policy is not a contract, should not be construed as a contract and cannot create a contract of employment for any definite duration.

Date Signature

AUTHORIZATION FOR RELEASE OF INFORMATION

This statement hereby authorizes any school, previous employers, references, and all others to release information, records, reports and give any other requested information concerning myself to Montgomery Community Action Committee & Community Development Corporation, Inc, (MCAC & CDC), D/B/A Montgomery Community Action Agency (MCAA), and Montgomery Community Action Committee (MCAC).

It is agreed that photocopies of this release shall have the same force and effect as the signed original.

Name _____
Please Print

Date Signature