



Huntsville/Madison & Limestone Counties, Inc.
APPLICATION FOR EMPLOYMENT

Date of Application: _____

Date Available: _____ Position Title: _____

Type of employment preferred: _____ Full-Time _____ Part-Time _____ Temporary

Minimum salary acceptable: \$ _____ per _____

Are you legally authorized to work in the United States? _____ Yes _____ No

PERSONAL

Last Name	First	Middle	Maiden (if applicable)
Street Address / Mailing Address			Home Telephone ()
City, State, Zip			Cell Telephone ()
Your E-mail Address			Date of Birth:
Driver's License Number:			Expiration Date:

Were you in the U.S. Armed Forces? ___ Yes ___ No If yes, What Branch? _____

Dates of Duty: From _____ To _____

Rank at Discharge _____

EDUCATION

School	Name and Location of School	Course of Study	# of Years Attended	Did you Graduate	Degree or Diploma
High School or GED				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	

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TRAINING

Special knowledge or skills (languages, machine operations, etc.):
Specialized Training, Apprenticeship, and Extra-Curricular Activities:
Honors or Special Recognition:
Certifications or Licenses relevant to position applied for:

MEMBERSHIPS

Membership in Professional, Trade, Business, or Civic Organization (exclude those which may disclose your race, color, religion, or national origin):

EMPLOYMENT

COMPANY NAME	MAY WE CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO	Telephone:
Address:		Employed (Month and Year): From: _____ To _____
Name of Supervisor	Telephone Number	Reason for Leaving:
Job Title and Describe Your Work		Rate of Pay # of People Supervised

COMPANY NAME	MAY WE CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO	Telephone:
Address:		Employed (Month and Year): From: _____ To _____
Name of Supervisor	Telephone Number	Reason for Leaving:
Job Title and Describe Your Work		Rate of Pay # of People Supervised

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COMPANY NAME		MAY WE CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO	Telephone:	
Address:			Employed (Month and Year): From: _____ To _____	
Name of Supervisor		Telephone Number		Reason for Leaving:
Job Title and Describe Your Work			Rate of Pay	# of People Supervised

REFERENCES

Give name, address, e-mail address and telephone number of three job-associated references **who are not related to you.**

Name	Address	E-mail Address	Telephone
1.			
2.			
3.			

CURRENT CRIMINAL CHARGES

Are there any current criminal charges against you? YES NO

If yes, please give details.

Have you ever been convicted of a crime in any state (including felonies, misdemeanors, child or sexual abuse, guilty pleas of nolo contendere) other than minor traffic offenses? YES NO
 If yes, explain fully, including type of offense, date and location: (Note: A criminal record does not constitute an automatic bar to employment, however, the type of conviction and when it occurred will be considered.)

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OTHER INFORMATION

Can you travel to the extent the job requires it? YES NO

Can you perform the essential functions of the job for which you are seeking with or without reasonable accommodations: YES NO (Please inquire if you need more information concerning job duties to answer this question.)

APPLICANT’S CERTIFICATION

I understand that receipt of this application does not imply that I will be employed nor does it indicate that there are positions available.

I understand that unless acted upon, this application will become inactive after one (1) year. If I wish to be considered for employment after this one (1) year period, I understand that a new application must be completed.

I understand that by submitting this application, I am granting Community Action Partnership of Huntsville/Madison & Limestone Counties, Inc., permission to investigate any of the information included in this application. I agree to cooperate in such investigation and release from all liability or responsibility all persons, organizations, companies and corporations collecting and supplying such information.

I understand that if I am hired my employment is for no definite period and will be at-will and may be terminated with or without cause and with or without notice at any time. I further understand that if I am hired my job will include any duties and tasks requested or directed by management, regardless of my job title.

I certify the information included in this application is correct and understand that misrepresentation of false or omitted facts, whenever discovered, may result in rejection of this application or dismissal from employment.

By signing this form, I am affirming that the above statements I have made are true and factual to the best of my knowledge; and I am granting permission for all persons, organizations or agencies listed above to be contacted for information regarding my background.

Signature

_____, 20____
Date