

**MID CENTRAL COMMUNITY ACTION, INC.
APPLICATION FOR EMPLOYMENT**

Mid Central Community Action, Inc. is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of religion, race, national origin, sex, age, color, physical or mental disability/handicap, marital status, sexual orientation or gender identity, political affiliation, ancestry, veteran status, or any other non-merit factor.

DATE _____ SOCIAL SECURITY # _____

NAME (last name first) _____

ADDRESS _____

HOME PHONE _____ CELL PHONE _____

If no phone, how may we contact you? _____

What position are you applying for? _____

When would you be available to begin work? _____

Are you 18 years or older? YES NO

Are you able to perform the essential requirements of the job for which you are applying?
YES NO If no, are there reasonable accommodations that can be made to allow you to perform the essential functions stated on the job description?

Have you ever been discharged from any employment or asked to resign? YES NO

If yes, please explain _____

Have you ever been convicted of, pleaded guilty or no contest to a felony, misdemeanor or local ordinance violations filed in court (excluding minor traffic offenses)? YES NO

If yes, please explain _____

You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied. Factors such as age and time of the offense, seriousness and nature of violation and rehabilitation will be taken into account.

Do you have a valid driver's license? YES NO

Drivers License Number _____ State Issued _____

Can you provide proof of insurance for your vehicle? YES NO

Please list any special training, other experience or skills which you believe should be considered in evaluating your qualifications for employment:

EDUCATION

Type of School	Circle Last Yr Attended	Name of School	City State	Graduated	
				Yes	No
High School	9 10 11 12				
College	1 2 3 4				
Other	1 2 3 4				

EMPLOYMENT HISTORY

(Most recent employment first)	
Name of Company:	Job Title:
Address:	Describe Job Duties:
City, State, Zip:	
Phone:	
Supervisor's Name:	
Dates: From _____ To _____	
Starting Salary:	
Ending Salary:	
Reason for Leaving:	
May we contact Employer? Yes No	

(Most recent employment first)	
Name of Company:	Job Title:
Address:	Describe Job Duties:
City, State, Zip:	
Phone:	
Supervisor's Name:	
Dates: From _____ To _____	
Starting Salary:	
Ending Salary:	
Reason for Leaving:	
May we contact Employer? Yes No	

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Supervisor's Name:	
Dates: From To	
Starting Salary:	
Ending Salary:	
Reason for Leaving:	
May we contact Employer? Yes No	

(Most recent employment first)	
Name of Company:	Job Title:
Address:	Describe Job Duties:
City, State, Zip:	
Phone:	
Supervisor's Name:	
Dates: From To	
Starting Salary:	
Ending Salary:	
Reason for Leaving:	
May we contact Employer? Yes No	

REFERENCES

Please list three individuals with knowledge of your abilities, experience and character. (Please do not include relatives)

Name:	Title:
Place of Employment:	
Address:	Phone:
City, State, Zip:	
Name:	Title:
Place of Employment:	
Address:	Phone:
City, State, Zip:	
Name:	Title:
Place of Employment:	
Address:	Phone:
City, State, Zip:	

NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) MAY BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of MID CENTRAL COMMUNITY ACTION, INC. to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, and individuals with a disability, and any other characteristic protected by Federal, State, or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability my employer or former employers supplying such information and I also release Mid Central Community Action, Inc. from all liability that might result from making an investigation.

If hired, I agree to abide by all of MID CENTRAL COMMUNITY ACTION, INC.'S rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either MID CENTRAL COMMUNITY ACTION, INC. or me. I further understand that no representation, whether oral or written by any representative or agent of MID CENTRAL COMMUNITY ACTION, INC., at any time, can constitute a contract of employment. I understand that MID CENTRAL COMMUNITY ACTION, INC. and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedure, benefits or other terms or conditions of employment. No representative or agent of MID CENTRAL COMMUNITY ACTION, INC., has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the Executive Director, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE _____

DATE _____