

Community Action Resource Enterprises Employment Application

Applications are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap. Applicants may be drug tested prior to final hiring decision. **PERSONAL INFORMATION:**

Date of Application: _____ When can you start? _____

Check your availability: Full Time Part Time - Which Days/hours?

Name: _____

Street Address: _____ Phone: _____

City/State/Zip: _____ SSN : _____

DOB : _____

A background check will be required.

EDUCATION:

School/ College	# Of Years	Year Ended	Degree?

EMPLOYMENT/WORK EXPERIENCE: Start with your present or most recent position. Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin.

Employer: _____

Job Title: _____ Supervisor: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Describe Duties/Responsibilities/Accomplishments: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): From _____ To _____

Employer: _____

Job Title: _____ Supervisor: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Describe Duties/Responsibilities/Accomplishments: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): From _____ To _____

Employer: _____

Job Title: _____ Supervisor: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Describe Duties/Responsibilities/Accomplishments: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): From _____ To _____

BUSINESS REFERENCES: Please provide individual and company names, position, addresses and phone numbers for 3 business references.

Name: _____

Company: _____

Street Address: _____

Position: _____

City/State/Zip: _____ Phone: _____

Name: _____

Company: _____

Street Address: _____

Position: _____

City/State/Zip: _____ Phone: _____

Name: _____

Company: _____

Street Address: _____

Position: _____

City/State/Zip: _____ Phone: _____

PERSONAL REFERENCES: Please provide names, addresses, phone numbers, relationship, and how long known for 3 personal references.

Name: _____

Relationship: _____

Street Address: _____

How long: _____

City/State/Zip: _____ Phone: _____

Name: _____

Relationship: _____

Street Address: _____

How long: _____

City/State/Zip: _____ Phone: _____

PERSONAL REFERENCES (cont.):

Name: _____

Relationship: _____

Street Address: _____

How long: _____

City/State/Zip: _____ Phone: _____

SPECIAL SKILLS:

- What languages do you speak well?
- What computer software are you able to use with skill?
- Are you willing to travel in the County if mileage costs are reimbursed?
- Describe any special skills or qualifications you think you have for this work:

APPLICANT STATEMENT:

WE at CARE realize that this application may not have allowed you to say everything about you or about why you want to work for us. This space is provided for anything else you want us to know about you as we evaluate your application

APPLICANT CERTIFICATION: I CERTIFY that the above answers are true and complete to the best of my knowledge. I authorize CARE, Inc., to investigate any statement contained in this application, and to obtain a drug test and/or a criminal background check on me as necessary to determine my qualifications. I understand that this application is not and is not intended to be any kind of contract or agreement. In the event of employment, I understand that any false or misleading information given in my application, correspondence, discussions, or interview may result in immediate termination. I understand also that I am required to abide by all rules, regulations and policies of CARE, Inc.

Signed:

Date:
