

SOUTH CENTRAL COMMUNITY ACTION PARTNERSHIP

EMPLOYMENT APPLICATION

READ CAREFULLY: Answer **all** questions thoroughly. Information provided on this application will determine your qualifications for the position. **A Resume may be attached but will not be accepted in lieu of requested information. Employment with SCCAP is on an AT WILL EMPLOYMENT basis.**

SCCAP is an EQUAL OPPORTUNITY EMPLOYER and all applicants for employment are extended equal employment opportunities without regard to race, color, religion, national origin, age, gender, disability, veteran, orientation, marital status, or current or future military status.

(PLEASE PRINT, DARK INK, DO NOT TYPE)

Position Applying For: _____ Date of Application: _____

NAME: _____
Last First Middle

MAILING ADDRESS: _____
Number of Box Street City State Zip

TELEPHONE: () _____
Area Code / Is this a message phone? [] yes [] No

Have you ever been employed by SCCAP? [] yes [] no

If yes, date: _____ Program: _____

Are you currently employed? [] yes [] no May we contact your present employer? [] yes [] no

Could you work evenings? [] yes [] no Are you 18 or older? [] yes [] no

Which county(ies) office(s) would you be willing to work? [] Cassia [] Jerome [] Twin Falls

What date would you be available to begin employment if hired? _____

Are you on a lay-off or subject to recall? [] yes [] no

Should the position you are applying for require you to drive; do you have a valid Drivers License? [] yes [] no

If yes, what state? _____ What is the expiration date? _____

Can you travel if the position requires it? [] yes [] no Can you be away from home overnight? [] yes [] no

DO YOU HAVE ANY RELATIVES EMPLOYED BY THE AGENCY OR SERVING ON EITHER THE BOARD OF DIRECTORS OR ANY ADVISORY COMMITTEE? [] yes [] no If yes, who? _____

Have you ever be convicted of a felony? [] yes [] no If so, please explain. _____

EDUCATION

Do you have a High School Diploma or GED certificate? yes no

If no, what was the last year of school completed? _____ Have you attended college? yes no

If so, where? _____

Indicate Degree _____

Indicate field of study _____

Do you have any specialized training? If so, what? Do you hold any current licensing or certification? If so, what and in what state? Be specific; and use additional paper if needed.

Summarize specialized skills and qualifications relevant to the position. Use additional paper if needed.

INDICATE LANGUAGES OTHER THAN ENGLISH THAT YOU SPEAK, and/or READ, WRITE:

Language _____ Fluent/Good/Fair

SPEAK _____ / /

READ _____ / /

WRITE _____ / /

Are you working with an employment counselor?

yes no

If so, who? _____

JOB SERVICE IMC / JPTA

OTHER _____

Give name, address, and telephone number of three (3) personal references who are not related to you and are not previous employers.

VOLUNTEER EXPERIENCE

SPECIFICALLY LIST EXPERIENCE RELATING TO THE JOB FOR WHICH YOU ARE APPLYING:

Name of Volunteer Organization: _____

Mailing address of Volunteer Organization: _____

Title of Position: _____ Supervisor: _____

Dates: From _____ To _____ May we contact this organization? yes no

Duties (Be Specific): Use additional paper if needed.

EMPLOYMENT HISTORY

List tasks and responsibilities included in your work history in the space below. Beginning with your present or last employment and include the past **five (5)** years. **USE ADDITIONAL PAPER IF NEEDED.** Employment verification may be made regarding all of you past experience. Please note if you do not want your present employer contacted. **FOCUS ON EXPERIENCE RELATED TO THE POSITION APPLYING FOR.**

Starting Date	Ending Date	Starting/Ending Salary	Hours per Week	May we contact this employer? [] yes [] no
Present or Last Employer – Name		Supervisor – Name and Title		Your Title
Mailing Address:				Phone:
Reason for Leaving:				
Duties (Be Specific):				

Starting Date	Ending Date	Starting/Ending Salary	Hours per Week	May we contact this employer? [] yes [] no
Employer – Name		Supervisor – Name and Title		Your Title
Mailing Address:				Phone:
Reason for Leaving:				
Duties (Be Specific):				

Starting Date	Ending Date	Starting/Ending Salary	Hours per Week	May we contact this employer? <input type="checkbox"/> yes <input type="checkbox"/> no
Employer – Name		Supervisor – Name and Title		Your Title
Mailing Address:				Phone:
Reason for Leaving:				
Duties (Be Specific):				

Starting Date	Ending Date	Starting/Ending Salary	Hours per Week	May we contact this employer? <input type="checkbox"/> yes <input type="checkbox"/> no
Employer – Name		Supervisor – Name and Title		Your Title
Mailing Address:				Phone:
Reason for Leaving:				
Duties (Be Specific):				

South Central Community Action Partnership is a drug-free/alcohol-free/smoke-free workplace. All SCCAP employees are required to adhere to agency policies.

By my signature, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should investigation disclose any untruth, or misleading answers, my application may be rejected, my name removed from consideration, or my employment with the Agency terminated.

Signature: _____

Received by: _____
Date & Initials

SOUTH CENTRAL COMMUNITY ACTION PARTNERSHIP

AUTHORIZATION FOR INVESTIGATION

I, _____ also know as, _____
(Include maiden/prior married/any other names used)

understand that an investigation into my employment history and/or any information concerning myself contained within the files of the Bureau of Criminal Identification is necessary for the acceptance of my application for employment with South Central Community Action Partnership.

I hereby authorized South Central Community Action Partnership to access any and all information (files or records) concerning myself from any private employer, state or federal agency.

In order to facilitate this process I have provided the following information:

Social Security Number _____ Date of Birth: _____

Current Address: _____
Mailing and Home Address

Previous Address(es): _____
(Past 10 years – please use additional paper if needed)

I will consent to the fingerprinting process required for the Bureau of Criminal Identification as requested by South Central Community Action Partnership.

I execute this authorization freely, voluntarily, and without coercion, or undue influence, for the purposes stated above.

DATED this _____ day of _____, 20_____

Signature _____