

# 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)**

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):				

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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? [ ] 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? [ ] yes [ ] 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