

APPLICATION FOR EMPLOYMENT



Project NOW Community Action Agency



We consider applicants for all positions without regard to race, religion, age, sex, national origin, marital or veteran status, the presence of non-job related medical condition or handicap, or any other legally protected status. Applications will be accepted for open positions when the agency is hiring.

INCOMPLETE APPLICATIONS MAY NOT BE CONSIDERED FOR EMPLOYMENT

I. General Information

Today's Date: _____

Last Name: _____ First Name: _____ Middle: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone 1: _____ Phone 2: _____

Position Applying For: (Be specific): _____

Date available for Employment: _____

Type of Employment you are looking for (Please mark at least one):

- Full Time
- Part Time
- Temporary

Have you worked for Project NOW before? Yes No

If yes, please provide position title(s): _____

Dates Employed From: _____ To: _____

Indicate your citizen status: U.S. Citizen Permanent Resident Alien Non-immigrant Alien

If Alien, Registration Number: _____ Visa Type: _____

Please list any **relative(s) and their relationship** to you who is/are currently employed with Project NOW:

Are you currently on lay-off or subject to recall? Yes No

Do you have a valid driver's license? Yes No

Do you have a CDL or JO5 driver's license? Yes No

Do you have an automobile for work use? Yes No

Do you have liability insurance? Yes No

Can you travel overnight? Yes No

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II. Education & Training

Education (Please note the highest year completed):

Elementary School: _____ High School: _____ College: _____ Graduate School _____

High School Diploma/GED

Yes

No

Name of School _____

Address (City and State): _____

Name & Location of College/University Attended	Credits/Semester Hrs	Major	Hrs	Minor	Hrs	Type of Degree Received

Other than English, what languages do you read? _____

Write? _____ Speak? _____

Have you had training the in following? (Please check if yes)

Customer Service

Data Entry

Spreadsheets

Early Childhood

Aging/Disabilities

Typing: Speed _____ wpm

Please list any other relevant training completed (certifications, seminars, workshops, etc.):

III. Military Service:

Were you in the U. S. Armed Forces?

Yes

No

If yes, what branch? _____

Dates of Duty: From: _____ To: _____

Rank at discharge: _____

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IV. Employment History

Please list the positions that you have held, **starting with** your **most recent** position. Under "duties," describe your job in sufficient detail so that your tasks and level of responsibility can be determined. Attach a separate sheet for more detail, if needed.

I. Employer: _____ Phone Number: _____

Address: _____

Supervisor's Name: _____ Title: _____

Your Job Title: _____

Dates Employed: _____ to _____

Reason for Leaving: _____

Duties: _____

May we contact this employer? Yes No

II. Employer: _____ Phone Number: _____

Address: _____

Supervisor's Name: _____ Title: _____

Your Job Title: _____

Dates Employed: _____ to _____

Reason for Leaving: _____

Duties: _____

May we contact this employer? Yes No

III. Employer: _____ Phone Number: _____

Address: _____

Supervisor's Name: _____ Title: _____

Your Job Title: _____

Dates Employed: _____ to _____

Reason for Leaving: _____

Duties: _____

May we contact this employer? Yes No

