

Community Action Agency of Delaware County, Inc.

Application for Employment

Community Action Agency of Delaware County, Inc. is an equal opportunity employer. We consider applicants for all positions without regard to race, religion, national or ethnic origin, age, gender, marital status, veteran status, disability, or any other legally protected status. Equal access to all programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Manager of Human Resources.

Position(s) Desired: _____ Date of Application: ____/____/____

Type: Full-time Part-time Seasonal/Temporary Shift: Day Evening/Weekend

Name: _____ Social Security # _____
Last First Middle

Address: _____
Street Apt.#

City State Zip Code

Telephone #: () _____ Alternate #: () _____ E-mail: _____

If you are under 18 and it is required, can you furnish a work permit? Yes No N/A

Are you legally eligible for employment in the U.S.A.? Yes No

Have you ever been employed by CAADC, Inc. Yes No

If yes, please list dates and position: _____

Are you related by blood or legally to any current CAADC, Inc. employee? Yes No

If yes, please list name and relationship: _____

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

If yes, please provide dates and details: _____

Note: Answering "yes" does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation, and relevance to position will be taken into account.

Date available for work: _____ Desired salary range: \$ _____

Type of employment desired: Full-time Part-time Temporary Internship

Can you travel if the position requires it? Yes No

If driving is a function of the job, please list valid driver's license information: _____
State Number

How did you learn of this position? Newspaper Ad Internet Posting Agency Posting
 Employment Agency Employee Other: _____

Employment History:

List current or most recent employer first. Include military service assignments and volunteer activities. Supporting documents may be attached or referenced, but please complete all information requested.

Start Date	End Date	Employer	Supervisor Name
Starting Salary/Hourly Rate		Street Address	Telephone #
Ending Salary/Hourly Rate		City, State & Zip Code	May We Contact for a Reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Position Title		Summary of Duties & Responsibilities	Reason for Leaving

Start Date	End Date	Employer	Supervisor Name
Starting Salary/Hourly Rate		Street Address	Telephone #
Ending Salary/Hourly Rate		City, State & Zip Code	May We Contact for a Reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Position Title		Summary of Duties & Responsibilities	Reason for Leaving

Start Date	End Date	Employer	Supervisor Name
Starting Salary/Hourly Rate		Street Address	Telephone #
Ending Salary/Hourly Rate		City, State & Zip Code	May We Contact for a Reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Position Title		Summary of Duties & Responsibilities	Reason for Leaving

Start Date	End Date	Employer	Supervisor Name
Starting Salary/Hourly Rate		Street Address	Telephone #
Ending Salary/Hourly Rate		City, State & Zip Code	May We Contact for a Reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Position Title		Summary of Duties & Responsibilities	Reason for Leaving

Educational Background:

Name and Location	Number of Years Completed	Did you graduate?	Course of Study
High School			
Trade/Technical/Vocational School			
College			
Graduate School			
Other			

Skills and Qualifications:

Summarize any training, certificates, licenses or skills that may qualify you as being able to perform the job-related functions in the position for which you are applying.

References:

List below at least three individuals who are not related to you and are not former supervisors.

Name	Daytime Telephone #	Relationship	Number of Years Known

Applicant Statement:

I certify that all information provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application, or, if employed, immediately discharge me from Community Action Agency of Delaware County, Inc.'s service.

I expressly authorize, without reservation, Community Action Agency of Delaware County, Inc., its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume and/or other attachments, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for thirty days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to inform Community Action Agency of Delaware County, Inc. of my continued interest. This application will remain on file for one year. After that time, it will be necessary to complete a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and Community Action Agency of Delaware County, Inc. reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the Agency is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Executive Director.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

I certify that I have read, fully understand and accept all terms of the above Applicant Statement.

Signature of Applicant: _____ **Date:** _____

Please mail completed application to:

Robin Mitchell
Community Action Agency of Delaware County, Inc.
Toal Building
2nd & Orange Streets
Media, PA 19063