



**Community Action Partnership of Cambria County**

**APPLICATION FOR EMPLOYMENT**

First Name, MI, Last Name		How did you hear about the job posting?
		Date
Is any additional information relative to change of name, use of maiden or nickname necessary to enable a check on your work record?		
Present Street Address: (include street, city, state, and zip code)		Phone Number
Is an immediate (blood or marriage) family member employed by CAPCC, its board or any committee?		
Are you over 18 years of age?	Have you ever been convicted of a crime? If yes, give details at bottom. Conviction will not necessarily bar employment.	
Are you legally employable within the United States at the present time? Can you present evidence of this if hired?		
Position Desired:	Salary Desired: \$	
Status (circle one): full / part-time / summer	Earliest Start Date:	

**EMPLOYMENT HISTORY**

LIST PRESENT OR LAST EMPLOYER FIRST

<b>FIRM NAME</b>	JOB TITLE AND DUTIES				
ADDRESS					
EMPLOYER'S BUSINESS					
START DATE                  END DATE                  pay                  hr                  wk					
REASON FOR LEAVING					
<b>FIRM NAME</b>	JOB TITLE AND DUTIES				
ADDRESS					
EMPLOYER'S BUSINESS					
START DATE                  END DATE                  pay                  hr                  wk					
REASON FOR LEAVING					
<b>FIRM NAME</b>	JOB TITLE AND DUTIES				
ADDRESS					
EMPLOYER'S BUSINESS					
START DATE                  END DATE                  pay                  hr                  wk					
REASON FOR LEAVING					

**EDUCATIONAL BACKGROUND**

LIST NAME AND ADDRESS OF SCHOOL BELOW	COURSE OF STUDY	GRADUATE? IF YES, STATE DEGREE
HIGH SCHOOL: ADDRESS:		
COLLEGE/TECHNICAL/BUSINESS SCHOOL	MAJOR:	MINOR:
GRADUATE SCHOOL:	MAJOR:	MINOR:
SPECIAL STUDY OR RESEARCH WORK:		
EXPERIENCE IN MILITARY THAT ENHANCES YOUR TRAINING OR OTHER QUALIFICATIONS:		

**REFERENCES (PLEASE PROVIDE FOUR REFERENCES. TWO FORMER EMPLOYERS AND TWO PERSONAL REFERENCES):**

NAME:  
ADDRESS:  
OCCUPATION:  
PHONE:

NAME:  
ADDRESS:  
OCCUPATION:  
PHONE:

NAME:  
ADDRESS:  
OCCUPATION:  
PHONE:

NAME:  
ADDRESS:  
OCCUPATION:  
PHONE:

**COMMUNITY ACTION PARTNERSHIP OF CAMBRIA COUNTY (CAPCC) IS AN EQUAL OPPORTUNITY EMPLOYER AND PRACTICES NON-DISCRIMINATORY POLICIES AT ALL STAGES OF EMPLOYMENT IN ACCORDANCE WITH FEDERAL, STATE, AND LOCAL LAWS. THE AGENCY ALSO MAINTAINS AN AFFIRMATIVE ACTION PLAN REQUIRING MAXIMUM EFFORT TOWARD ENSURING EQUITABLE REPRESENTATION OF QUALIFIED WOMEN, MINORITIES, VIETNAM AND DISABLED VETERANS, AND OTHER DISABLED INDIVIDUALS, AT ALL JOB LEVELS.**

**Please read the following before signing this application.**

I authorize the references listed (employers, educational institutions, etc.) to give CAPCC any and all information related to my previous employment and any other pertinent information, personal or otherwise, and by any signature below release all parties from liability for any damages that may result from information received by CAPCC.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

I certify that the information I have given in this application is true, correct, and complete to the best of my knowledge and understand that I will be refused employment or be discharged at any time after employment if any information I have given is found to be false, substantially misleading or there is an omission of pertinent information which is discovered at any time after employment.

I agree to conform to all rules and regulations of CAPCC and understand that the agency maintains an at-will employment policy permitting my employment and compensation to be terminated with or without cause, with or without notice at any time at the option of either this agency or myself.

I also understand that the Executive Director and/or the Board of Directors are the only authority permitted to enter into any agreement or make any agreement contrary to current established employment policies.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date