

APPLICATION FOR EMPLOYMENT

AJFC Community Action Agency, Inc.



We consider applicants for all positions based on qualifications without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability, sexual orientation, use of lawful products during non-work hours, or any other legally protected status.

GENERAL INFORMATION

DATE: _____

How did you hear about this employment opportunity?			
Name (Last)	(First)	(Middle Initial)	Telephone
Present Address (Mailing Address)	(City)	(State)	(Zip)
Previous Address (Mailing Address)	(City)	(State)	(Zip)
E-Mail Address		Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	

POSITION

Position(s) Applied For	Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Full-Time	
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you been convicted of a felony within the last 7 years? <input type="checkbox"/> YES <input type="checkbox"/> NO Conviction will not necessarily disqualify an applicant from employment.		
If Yes, please explain		
Salary Desired	Date Available	

Have you ever worked for AJFC before? Yes No

If yes, please give dates and position: _____

RECORD OF PREVIOUS EMPLOYMENT: *Please list the names of your present or previous employers in chronological order with present or most recent employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, provide company name and attach business references.*

Employer	Telephone Number	From (Month/Year)
Address		
Job Title	Number of Employees Supervised	To (Month/Year)
Specific Duties		Hours Per Week
		Supervisor
		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason For Leaving		
Employer	Telephone Number	From (Month/Year)
Address		Number of Employees Supervised
Job Title	Number of Employees Supervised	To (Month/Year)

Specific Duties		Hours Per Week
		Supervisor
		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason For Leaving		
Employer	Telephone Number	From (Month/Year)
Address		
Job Title	Number of Employees Supervised	To (Month/Year) Hours Per Week
Specific Duties		Supervisor
		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Reason For Leaving
Employer	Telephone Number	From (Month/Year)
Address		
Job Title	Number of Employees Supervised	To (Month/Year) Hours Per Week
Specific Duties		Supervisor
		<input type="checkbox"/> <input type="checkbox"/>
		May We Contact This Employer? Yes No
Reason For Leaving		
Employer	Telephone Number	From (Month/Year)
Address		
Job Title	Number of Employees Supervised	To (Month/Year) Hours Per Week
Specific Duties		Supervisor <input type="checkbox"/> <input type="checkbox"/>
		May We Contact This Employer? Yes No
		Reason For Leaving
Employer	Telephone Number	From (Month/Year)
Address		
Job Title	Number of Employees Supervised	To (Month/Year) Hours Per Week
Specific Duties		Supervisor <input type="checkbox"/> <input type="checkbox"/>
		May We Contact This Employer? Yes No
		Reason For Leaving

Have you ever been terminated or asked to resign from any job? Yes No

If yes, please explain circumstances: _____

Please fully explain any gaps in your employment history: _____

May we contact your current employer? Yes No

If no, please explain: _____

Please indicate any actual experience, special training, 1203and qualifications that you have which you feel are relevant to the position for which you are applying: _____

Have you ever used another name? Yes No

If yes, please provide other name(s) that you have used: _____

Is any additional information relative to change of name, use of an assumed name, or nickname necessary to verify your work and educational record? Yes No

If yes, please explain: _____

If hired, can you furnish proof that you are over 18 years of age? Yes No

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying? Yes No

If no, are there reasonable accommodations that can be made to allow you to perform the essential functions of the job? _____

Do you have adequate transportation to and from work? Yes No

Please state any additional information that you feel may be helpful to us in considering your application: _____

EDUCATION

School Name	Years Completed (Circle)	Diploma / Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills and Extra-Curricular Activities
Elementary:				
High School:				
College/University:				
Graduate/Professional:				
Trade or Correspondence:				
Other:				

REFERENCES: Please provide **2 professional** and **1 personal** reference.

Name	Occupation	Address (Street, City, State)	Telephone Number	Number of Years Known

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (120) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant _____ Date _____

APPLICANT'S STATEMENT & AGREEMENT

In the event of my employment to a position at AJFCCAA, I will comply with all rules and regulations of said Agency. I also understand that any offer of employment may be contingent upon the passing a physical examination, and drug screening. I consent to the disclosure of the results of any physical examination and related tests to AJFCCAA. I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated.

I understand that AJFCCAA may investigate my driving record and my criminal record. I further understand that AJFCCAA may contact my previous employers and I authorize those employers to disclose to AJFCCAA all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees and representatives, as well as other individuals who release information to AJFCCAA, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide AJFCCAA with any pertinent information they may have regarding myself.

I hereby state that all the information that I provided on this application, or any other documents filled out in connection with my employment, and in any interview is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my 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.

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by AJFCCAA at any time and for any reason whatsoever, with or without good cause at the option of either AJFCCAA or myself. No implied, oral, or written agreements contrary to the express language of this agreement are valid unless they are in writing and signed by the Chief Executive Director. No supervisor or representative of AJFCCAA, other than the Chief Executive Director, has any authority to make any agreements contrary to the foregoing. This agreement is the entire agreement between AJFCCAA and the employee regarding the rights of said Agency or the employee to terminate employment with or without good cause, and this agreement takes the place of all prior and contemporaneous agreements, representations, and understandings of the employee and AJFCCAA.

If you have any questions regarding this statement, please ask an AJFC Community Action Agency, Inc. representative before signing. I hereby acknowledge that I have read the above statements and understand the same.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT

Signature of Applicant _____ Date _____