



Central NE Community Action Partnership, Inc.

Phone (308) 745-0780
Fax (308) 745-0824

PO Box 509

Loup City, Nebraska 68853
www.centralnebraskacap.com

APPLICATION FOR EMPLOYMENT

Please Type or Use Ink

Central Nebraska Community Action Partnership, Inc. is a non-profit community action agency that assures equal employment opportunities to applicants and employees in all aspects of human resource administration without regard to race, religion, color, age, national origin, sex, sexual orientation, disability, veteran status, or marital status. *If you should need assistance, ask for the Human Resource Department.*

Position Applied For: _____

Name _____
Last First Middle

Address _____
Mailing County of Legal Residence

City State Zip Code Phone Area Code Number

Do you object to inquiry of your present or past employer in regard to your work record, qualifications, or abilities? Yes No

Have you been discharged or asked to resign from employment? Yes No

Have you been convicted of a felony? (Conviction records are not necessarily a bar to employment) Yes No

IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE GIVE FULL DETAILS:

Type of Work Desired: Full Time Part Time Permanent Temporary

Do you possess a valid Nebraska driver's license? Yes No

If "yes" fill in the following: Lic. Number _____ Expiration Date _____

Are you legally able to work in the United States? Yes No

Date Available for Work _____

If a license, certificate, or other authorization to practice a trade or profession is required for the position you are applying for complete the following:

Name of Trade or Profession License Number

Specialty Licensed From: To:

EMPLOYMENT RECORD

List below the positions you have held starting with your present employment. If more than one position or classification has been held with a given organization, list each position or classification as a separate period of employment. Under "Specific Duties" describe clearly the tasks you performed and the nature of your supervisory, technical, or other responsibilities. Please be complete; this application form may constitute part of the examination. Any volunteer services may be included as work experience. **If you need more space, attach a separate sheet of paper.**

NOTE: A resume will not be accepted in lieu of completion of this or any part of this application.

<p>1. EMPLOYMENT INFORMATION</p> <p>Employer _____</p> <p>Address _____</p> <p>City _____ State _____</p> <p>Type of business _____</p> <p>Employment Dates: From _____ to _____</p> <p>Part-time _____ Full-time _____</p> <p>Hourly Wage: Beginning \$ _____ Last \$ _____</p> <p>Supervisor Name/Phone # _____</p>	<p>DESCRIPTION OF DUTIES</p> <p>Title of your position _____</p> <p>Number of people supervised _____</p> <p>Specific Duties _____</p> <p>_____</p> <p>_____</p> <p>Reason for leaving _____</p> <p>_____</p>
<p>2. EMPLOYMENT INFORMATION</p> <p>Employer _____</p> <p>Address _____</p> <p>City _____ State _____</p> <p>Type of business _____</p> <p>Employment Dates: From _____ to _____</p> <p>Part-time _____ Full-time _____</p> <p>Hourly Wage: Beginning \$ _____ Last \$ _____</p> <p>Supervisor Name/Phone # _____</p>	<p>DESCRIPTION OF DUTIES</p> <p>Title of your position _____</p> <p>Number of people supervised _____</p> <p>Specific Duties _____</p> <p>_____</p> <p>_____</p> <p>Reason for leaving _____</p> <p>_____</p>
<p>3. EMPLOYMENT INFORMATION</p> <p>Employer _____</p> <p>Address _____</p> <p>City _____ State _____</p> <p>Type of business _____</p> <p>Employment Dates: From _____ to _____</p> <p>Part-time _____ Full-time _____</p> <p>Hourly Wage: Beginning \$ _____ Last \$ _____</p> <p>Supervisor Name/Phone # _____</p>	<p>DESCRIPTION OF DUTIES</p> <p>Title of your position _____</p> <p>Number of people supervised _____</p> <p>Specific Duties _____</p> <p>_____</p> <p>_____</p> <p>Reason for leaving _____</p> <p>_____</p>

EDUCATIONAL RECORD

Circle last grade completed: 1 , 2 , 3 , 4 , 5 , 6 , 7 , 8 , 9 , 10 , 11 , 12 GED/Diploma: Yes No
 Name of School _____ Location _____

UNIVERSITY/COLLEGE/VOCATIONAL TRAINING (UNDERGRADUATE, GRADUATE, DOCTORATE)
 (Complete this section whether you have graduated or not. If you have not graduated, please provide a listing of classes and credit hours completed).

NAME AND LOCATION	DEGREE/DIPLOMA/ENDORSEMENTS	CREDIT HOURS/COURSES
1. _____	Completed: _____ In-Progress: _____	
2. _____		
3. _____		

Summarize here any additional experiences and/or skills you may have. _____

Give the names, addresses, email addresses, and telephone numbers of three persons who have knowledge of your experience and ability. (Do NOT list employers listed on a previous page or relatives.)

1) Name: _____ Address: _____ Email: _____

Daytime Phone: _____ Evening Phone: _____

2) Name: _____ Address: _____ Email: _____

Daytime Phone: _____ Evening Phone: _____

3) Name: _____ Address: _____ Email: _____

Daytime Phone: _____ Evening Phone: _____

List any relatives employed by CNCAP or on the Board of Directors for CNCAP (if known) _____

BE SURE TO READ THE FOLLOWING STATEMENT BEFORE SIGNING THIS APPLICATION.

I HEREBY CERTIFY that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification my application will be rejected, my name will be removed from the register, I will be dismissed from service, and I will be disqualified from applying in the future for any position under the jurisdiction of CNCAP. By signing this application you give CNCAP the right to conduct references

SIGN HERE _____ **DATE** _____
Signature (Please sign in ink)

Your employment with Central Nebraska Community Action Partnership, Inc. would be a voluntary one and is subject to termination by you or Central Nebraska Community Action Partnership, Inc. at will, with or without cause, and with or without notice, at any time.

IMPORTANT!

HAVE YOU COMPLETED ALL PARTS OF THIS APPLICATION? FAILURE TO DO SO WILL ONLY CAUSE DELAY AND MAY DISQUALIFY YOUR APPLICATION.

10 Core Values

Principles that guide how we treat each other and the people we serve.

- 1. Communication:** We believe in active listening and open communication. Employees and customers are encouraged to express their thoughts and ideas in a respectful and professional manner.
- 2. Respectful:** We believe that customers, partners and employees should be treated with dignity and compassion.
- 3. Cooperation/Collaboration:** We believe in a positive work culture. We are committed to developing healthy, supportive, working relationships with customers, partners, and one another.
- 4. Loyalty:** We believe the services we provide are valuable and positively impact lives. We will remain supportive of the agency mission, vision, policies and procedures as set by the Board of Directors.
- 5. Accountability/Responsibility:** We believe in clearly communicating expectations to ensure dedicated staff can deliver extraordinary services.
- 6. Diversity:** We believe in an inclusive work environment. We are appreciative of and sensitive to the value of differences and ideas among people, culture, and practice.
- 7. Personal/Professional Development:** We believe in a supportive environment that encourages customers and employees to acquire knowledge through lifelong learning.
- 8. Wellness:** We promote physical, mental, and social well being for our customers and employees.
- 9. Family:** We believe that strengthening positive family and community relationships is important.
- 10. Honest & Integrity:** We will do what is right even when no one is watching, put forth maximum effort and demonstrate truthfulness in our actions and our words.

EQUAL EMPLOYMENT OPPORTUNITY SURVEY

NOTICE TO APPLICANTS: The following requested information will be used only as statistical data to document information for research on applicant characteristics and federal reporting requirements. This form will be removed from your application before processing. For more information, see "Important Facts About Your Application" on the last page. Please give us your cooperation by completing this voluntary questionnaire.

Male
Female

Alaska Native
American Indian
Asian or Pacific Island
Black
Hispanic
White
Bi-Racial
Other _____

AGE:
Under 40
Over 40

HOW DID YOU LEARN ABOUT THIS JOB:
Job Service
Friend
Newspaper
Radio/Television
Internet
Other _____ (Please specify)

For Bus Drivers Only

IMPORTANT INFORMATION!!!: IF NOT COMPLETED THIS APPLICATION WILL BE CONSIDERED INCOMPLETE.

PLEASE COMPLETE DISCLOSURE AREA; REVIEW ALL OTHER INFORMATION; SIGN AND DATE. RETURN WITH APPLICATION. THIS IS CONSIDERED PART OF THE APPLICATION FOR ANY BUS DRIVER POSITION even if combined with another position such as co-teacher or classroom assistant.

**BUS DRIVER
APPLICANT DISCLOSURE AND ADVISEMENT**

APPLICANT DISCLOSURE: Have you had any moving traffic violations?

No Yes, list in the space provided all moving traffic violations, regardless of penalty (if additional space is needed please attach).

APPLICANT ADVISEMENT: Central Nebraska Community Action Partnership, Inc. will check applicants driving record through the State of Nebraska and through the National Driver Register prior to employment. A pre-employment drug test will also be administered.

Applicant Signature

Date