



# Community Action Partnership of Central Illinois JOB APPLICATION

POSITION APPLIED FOR:		DATE:
NAME:		
STREET ADDRESS:		
CITY:	STATE	ZIP:
PHONE: (    )	E-MAIL:	

Have you ever been employed here before? ( ) yes ( ) no If yes, give dates: \_\_\_\_\_

What date would you be available for work? \_\_\_\_\_ Desired Salary: \_\_\_\_\_

Are you available? ( ) full time ( ) part time ( ) as occasional substitute

Are you on "lay-off" and subject to recall? ( ) yes ( ) no

Can you travel in this area if the job requires it? ( ) yes ( ) no

Can you travel out of this area if the job requires it? ( ) yes ( ) no

Do you have your own reliable transportation? ( ) yes ( ) no

Do you have any condition which could limit your performance in the job for which you are applying? \_\_\_\_\_  
If so, explain.

Have you been convicted of a felony within the last seven years? \_\_\_\_\_ If so, explain.

Do you have any relatives or household members working for this Agency at the present time? \_\_\_\_\_ If so, list.

Are you employed now? ( ) yes ( ) no If yes, may we contact your present employer? ( ) yes ( ) no  
If no, why?

List the name, address and telephone number of three references **who are not related to you** and do not live in your household. **Do not include current employees of this Agency.**

1.) \_\_\_\_\_

2.) \_\_\_\_\_

3.) \_\_\_\_\_

**AN EQUAL OPPORTUNITY EMPLOYER**

Applicants are considered for all positions with out regard to race, color, religion, sex, sexual preference, national origin, age, marital or veteran status or the presence of a non-job related medical condition or disability.

High school attended: \_\_\_\_\_

In which city and state is it located? \_\_\_\_\_

Did you graduate? ( ) yes ( ) no If you did not graduate, have you earned a GED? ( ) yes ( ) no

Complete the following section concerning any post secondary education.

Attach copies of any certificates held.

Name of Institution	Hours Earned	Major	Degree	Years Attended

**Complete the following section concerning previous employment. Start with your current or last job.**

Employer	Address	Job Title	Dates Employed	

You may attach a resume describing job duties if you wish to do so.

Please tell us any experiences (either in employment, education, volunteer, or in life experience) which you believe may be helpful to us in considering your application for this employment.

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I certify that answers given in this application are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application and I understand that for positions in some programs within Community Action Partnership of Central IL, copies of high school diplomas, college transcript, certificates held and written references must be received before the application can be considered.

In the event of employment, I understand that false or misleading information given in this application or interview may result in discharge. I understand, also, that if I am applying for a position within the Head Start Program I must meet licensing requirements of the IL Department of Children and Family Services, and that I am required to abide by all rules and regulations of the Agency as well as its funding sources and licensing agencies.

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

