

General Instructions

Please read these instructions carefully.

- To be considered an applicant to Contact Community Services, you must complete all parts of this application and sign the Applicant Statement. Incomplete applications will not be considered. Please use additional sheets of paper if necessary to provide all the requested information. You may attach a resume; however, this application must still be completed.
- If you need help filling out this application, or for any phase of the employment process, please notify the person that gave you this form, and every reasonable effort will be made to accommodate your needs.

All qualified applicants will receive consideration without regard to race, color, creed, religion, gender, national origin, age, disability, marital status, veteran status, sexual orientation, or any other basis upon which discrimination is prohibited by municipal, state, or federal law.

Applicant Information

Last Name		First Name		Middle Name	
Phone (Home)	Phone (Work)		Phone (other)	Email	
Current Address - Street/Apt #			City	State	Zip Code
If hired can you prove that you are eligible for employment in the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes			Are you over the age of 18 years? (If no you may be required to provide authorization to work.) <input type="checkbox"/> No <input type="checkbox"/> Yes		
Is there any information we would need about your name for us to be able to check your work record? If yes, explain: <input type="checkbox"/> No <input type="checkbox"/> Yes			To your knowledge, do you have any relatives or persons with whom you have a close personal relationship working for this agency? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, give name:		
Have you ever been <u>convicted</u> of a crime? If yes, explain. <input type="checkbox"/> No <input type="checkbox"/> Yes					

Position Information

Position desired:	Have you been previously employed by Contact Community Services? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when? _____ What position? _____
Are you available for (check all that apply): <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/> Overtime <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays	Have you ever applied for employment with us? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, month and year: _____
When would you be able to start work?	Minimum acceptable starting wage: \$ _____ per (hour, week, etc.) _____
What days/hours are you available to work? Are you available to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	What made you apply at Contact Community Services? <input type="checkbox"/> Employment Ad <input type="checkbox"/> Current Employee <input type="checkbox"/> Former Employee <input type="checkbox"/> Employment Agency <input type="checkbox"/> School or College <input type="checkbox"/> Walk-in/self <input type="checkbox"/> Other: _____ If referred by person, list name: _____

Employment History

Begin with your current or most recent position. Although a resume may be attached, please complete this section to the best of your ability. If you have had additional employers, please attach another sheet of paper containing the same information as asked for below.

1. Name of Employer		Location (Address, City, State, Zip)	Phone
Date Started	Starting Position Title		Ending/Current Position Title
Date Left	Supervisor Name & Title		Reason for Leaving
Responsibilities:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:

2. Name of Employer		Location (Address, City, State, Zip)	Phone
Date Started	Starting Position Title		Ending/Current Position Title
Date Left	Supervisor Name & Title		Reason for Leaving
Responsibilities:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:

3. Name of Employer		Location (Address, City, State, Zip)	Phone
Date Started	Starting Position Title		Ending/Current Position Title
Date Left	Supervisor Name & Title		Reason for Leaving
Responsibilities:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:

4. Name of Employer		Location (Address, City, State, Zip)	Phone
Date Started	Starting Position Title		Ending/Current Position Title
Date Left	Supervisor Name & Title		Reason for Leaving
Responsibilities:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:

5. Name of Employer		Location (Address, City, State, Zip)	Phone
Date Started	Starting Position Title		Ending/Current Position Title
Date Left	Supervisor Name & Title		Reason for Leaving
Responsibilities:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:

Other History

Have you ever been fired from a position or otherwise asked to resign? No Yes If yes, please explain:

Please describe any military service you had, including dates:

Education

	School Name & Location	Degree Earned	Course of Study
High School		<input type="checkbox"/> None <input type="checkbox"/> Diploma <input type="checkbox"/> GED	
Business/Trade/Technical		<input type="checkbox"/> None <input type="checkbox"/> List:	
College		<input type="checkbox"/> None <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor	
Graduate Studies		<input type="checkbox"/> None <input type="checkbox"/> Master <input type="checkbox"/> Other (explain)	

Training

Please describe any training you have had that would be relevant to the job for which you are applying:

Special Skills

Please list any skills or accreditations you possess that are not reflected elsewhere in this application (i.e. special license, computer)

Additional Information

Please tell us anything else that would help us in deciding whether or not to hire you:

References

Give name and contact information for 1 personal reference; 1 professional reference and 1 reference of your choice. These individuals must not be related to you.

Name (indicate relationship to you)	Address, including email	Phone
1.		
2.		
3.		

Applicant Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I realize that any misrepresentation in the information submitted or any intentional withholding of essential information called for in this form may result in my immediate dismissal.

I understand that the filing of this application with Contact Community Services is a preliminary step to employment. It does not obligate the organization to offer employment, or the applicant to accept employment. An offer of employment, if made, is contingent upon receiving satisfactory background and reference checks as authorized by this statement and any other attachments. I understand that if I receive a contingent offer of employment and I accept the position, I may be required to complete additional information necessary for record keeping requirements. I agree to abide by all Organizational policies and procedures as outlined within Contact Community Services policies, memos, and other documents.

I authorize Contact Community Services to check all references from current and previous employers and other references that may be relevant to my employment or my ability to perform the job for which I have applied. I authorize Contact Community Services and/or its agents to verify any of the information furnished in this application and other background information deemed appropriate by the Organization.

By signing this application, I authorize all persons, schools, companies, law enforcement authorities, and agencies to release any information concerning my background that may be relevant to evaluation of this employment application and I hereby release any such persons, schools, companies, law enforcement authorities, and agencies from any liability for damages whatsoever for issuing this information to the Organization or its agents. Contact Community Services will keep all such information confidential except where such information is required to be released by law, order of a court or other authority, or by any contractual agreement.

I understand and hereby acknowledge that any employment relationship with Contact Community Services is at will, which means that, if I am hired, my employment with the Organization is not for a fixed period of time and that I may resign at any time and Contact Community Services may terminate my employment and compensation at any time. I further agree that this at will employment relationship may not be changed by any written document or by conduct of any Contact Community Services employee or official.

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Applicant Signature

Date

Thank you for completing this application for employment with Contact Community Services – we appreciate your interest in us.