

Are you a Veteran of the U.S. Military Service? Yes No

Do you have use of an automobile? Yes No
 Not applicable to position applied for

Are you willing to travel? Yes No

EDUCATION

Please list education or specialized experience which relates to the position(s) for which you are applying. You may exclude names or terms, which indicate, for example, gender, race, religion, disability, age, ancestry, national origin, or other protected status.

	High School	College or Trade School	Graduate/Professional School
School Name:			
Location:			
Years completed:	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree:	Yes No		
Course of Study:			

Describe additional training, internships, seminars and extracurricular activities:

Please list any additional licenses or special training that may apply to the position:

Please list, if any, any language(s) you are **proficient/fluent** in other than English.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names, which indicate, for example, gender, race, religion, disability, national origin, or other protected status.

May we contact your present employer? Yes No

Employer:		Title:	
Address:			
Phone Number: ()	Ext.	Dates Employed: From: To:	Hourly Rate/Salary: Start: End:
Supervisor's Name and Title:			
Nature of Duties:			
Reason for Leaving:			

Employer:		Title:	
Address:			
Phone Number: ()	Ext.	Dates Employed: From: To:	Hourly Rate/Salary: Start: End:
Supervisor's Name and Title:			
Nature of Duties:			
Reason for Leaving:			

Employer:		Title:	
Address:			
Phone Number: ()	Ext.	Dates Employed: From: To:	Hourly Rate/Salary: Start: End:
Supervisor's Name and Title:			
Nature of Duties:			
Reason for Leaving:			

State any additional information that would be helpful in considering your application:

REFERENCES

Please list three references that are not related to you, and preferably individuals who you have worked with:

(Please provide phone numbers where references can be reached during daytime hours.)

1.

<hr/>	<hr/>
Name	Phone (including area code)

2.

<hr/>	<hr/>
Name	Phone (including area code)

3.

<hr/>	<hr/>
Name	Phone (including area code)

APPLICANT'S STATEMENT

These answers are true and complete to the best of my knowledge. Community Action Partnership of Mid-Nebraska (Mid) may investigate all statements contained in this application, and I understand that any false or misleading information provided may result in my immediate discharge, if I am hired.

I understand that this application is not a contract of employment. I also understand that if hired, regardless of any oral representations to the contrary, the employment between myself and Mid is terminable-at-will so that both Mid and I remain free to choose to end our work relationship at any time for any reason or no reason. Any changes in this employment relationship must be made in writing.

I also understand that any offer of employment will be conditioned upon a drug test and background check as required by agency policy. In addition, I authorize the agency to make a thorough investigation of my past employment, education, and job-related activities and I release from all liability all persons, companies and corporations supplying such information. I also indemnify this agency against any liability that may result from making such investigation.

Additionally, I authorize Mid, in its discretion, to supply my employment record, in whole or in part, to any prospective employer, government agency or other party, with an interest that the company deems appropriate.

*If submitting electronically, electronic signature is not required as signature will be obtained if interview granted. In all other instances, signature required.

Signature of Applicant

Date

Pers-51, 08/15



APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment, without regard to race, color, religion, sex, national origin, age, disability, veteran's status, genetics or any other prohibited basis of discrimination, as provided for under applicable state and federal law.

Solely to help us comply with government recordkeeping and other legal requirements, please fill out the Applicant Date Record. This information shall not be used in making any hiring decision or in any selection procedure and will be kept in a confidential file separate from the Application for Employment. COMPLETION OF THIS FORM IS VOLUNTARY.

(PLEASE PRINT)

Date _____

Position(s) applied for: _____

Referral Source: ___ Advertisement ___ Friend ___ Walk-in
___ Job Service ___ Relative ___ Other _____

Name _____

Address _____

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, marital status, ethnicity, veteran's status and age of applicants. This data is for analysis and Government reporting only.

Sex: (Check one)

Marital Status: (Check one)

___ Male ___ Female

___ Single ___ Married ___ Divorced

Race/Ethnic Group: (Check one only)

___ Hispanic or Latino ___ White ___ Black or African American
___ Asian ___ Native Hawaiian or Pacific Islander
___ American Indian or Alaska Native ___ Two or More Races

Date of Birth _____

Current Age _____

Veteran Status: (Check all that apply to your U.S. Military Service)

___ I am not a Veteran ___ I am a Veteran ___ I am a disabled Veteran
___ I am a Vietnam Era Veteran (Aug. 5, 1964 - Aug. 7, 1975)