



## Community Action Agency Job Application

**You can submit the Community Action Job Application through multiple methods:**

1. Email your completed agency application found below to [lmathews@mnca.net](mailto:lmathews@mnca.net).
2. Drop off a completed agency application at any of our locations.
3. Fax the application to (308) 865-5681

If you have questions regarding the submission of an application, please contact Libby Mathews, Human Resources at (308) 865-5675 or [lmathews@mnca.net](mailto:lmathews@mnca.net). If you have questions about a job listing, please contact the individual listed in the job overview on the job board.

All successful applicants must pass applicable background checks as required by agency and/or program policy.

Community Action Partnership of Mid-NE requires a High School Diploma or GED as the minimum educational requirement for all positions. Consideration may be given for those working towards a GED, or willing to work towards obtainment of a GED.

This page intentionally left blank



## COMMUNITY ACTION PARTNERSHIP OF MID-NEBRASKA

### Application for Employment *This application is good for 60 days*

**FEDERAL LAW OBLIGATES US TO PROVIDE REASONABLE ACCOMMODATION TO THE KNOWN DISABILITIES OF APPLICANTS AND EMPLOYEES, UNLESS TO DO SO WOULD POSE AN UNDUE HARDSHIP. PLEASE FEEL FREE TO LET US KNOW IF YOU NEED ACCOMMODATION TO COMPLETE THE APPLICATION PROCESS.**

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

#### PLEASE PRINT

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(if different from street address)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone number: (     ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

Have you ever been employed with this organization before? ☐ Yes ☐ No

If **YES**, give date and position: \_\_\_\_\_

Are you employed now? ☐ Yes ☐ No

Are you on lay-off and subject to recall? ☐ Yes ☐ No

Are you 18 years of age or older? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country? \_\_\_\_\_

If hired, you will be required to submit documents sufficient to establish employment authorization and identify in compliance with the Immigration Reform and Control Act of 1986. While you need not provide this proof of citizenship or immigration status at the time you are interviewed, please be prepared to assure us that you can do so immediately upon being hired.

On what date would you be available for work? \_\_\_\_\_

Are you available to work: ☐ Full-Time ☐ Part-Time ☐ Substitute/Temporary

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 and email | Phone (including area code) |
| 2. | <hr/>          | <hr/>                       |
|    | Name and email | Phone (including area code) |
| 3. | <hr/>          | <hr/>                       |
|    | Name and email | 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 background check(s) as required by the agency/program 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.

---

Signature of Applicant

---

Date

Pers-51, 08/22