



## 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.

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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:

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

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

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**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:

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## 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. 

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Name and email	Phone (including area code)
  
2. 

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Name and email	Phone (including area code)
  
3. 

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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.

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Signature of Applicant

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Date

*Pers-51, 08/22*