

**Application
for Employment**



210 O St
Lincoln NE 68508
Phone: 402-471-4515
Fax: 402-471-4853

Community Action Partnership of Lancaster and Saunders Counties is an equal opportunity employer and does not discriminate in hiring on the basis of race, color, religious creed, national origin, sex, mental or physical disability, marital status, sexual orientation, gender identity or age. No question on this application is intended to be used for such discrimination. We will provide reasonable accommodations to the known disabilities of applicants and employees, unless doing so would pose an undue hardship. Please feel free to let us know if you need accommodation to complete the application process. This application is good for 60 days.

Please type or print. All information is considered confidential.

Personal History (Please use name on Social Security card)

Name _____ Phone Number _____
 (Last) (First) (M.I.)
 Address _____ Email Address _____
 (Street) (City) (State) (Zip)

Have you ever been employed by Community Action? Yes No If yes, give dates _____

Are you 18 years of age or older? Yes No

Are you able to prove your right to work in the United States? Yes No

Are you currently or have you ever been a Head Start/Early Head Start Parent? Yes No

List any relatives employed by Community Action or serving on the Community Action Board of Directors. _____

Have you ever been convicted of a crime or felony except for a minor traffic offense? Yes No

If yes, state offense, date: _____
 (Note: Conviction will not necessarily disqualify applicants from employment. The recentness, severity and pertinence of the conviction to the job will be considered.)

Job Requirements	
Are you applying for: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary Specify hours if applying for part-time _____	Position(s) applying for: _____
What days are you willing to work? (Please circle days): S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/>	State any limitations on hours: _____
Date available for work: _____	Minimum salary requirements: _____

Education & Skills

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, race, color, religion, sex, disability, or national origin.

	School Name	Years Completed	Diplomas/Degrees	Course of study
High School		9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>		
University/College		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		
Graduate School		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		
Military Service	Dates of Active Duty From/To: _____		Branch of Service _____	
Special skills and qualifications			Are you planning to further your education? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____	
List any non-English languages you speak, read, or write.				
Describe any specialized training, honors, or certifications received				

Employment Experience (list most recent employer first)

Include military service assignments and volunteer activities. You may exclude organization names, which indicate, for example, race, color, religion, sex, disability, or national origin. If you need additional space, please continue on a separate sheet of paper.

Employer:	Dates Employed From/To	Work Performed
Address:	Hourly Rate/ Salary Start:	
Telephone:	End:	
Job Title:	Supervisor:	
Reason for leaving:		
Employer:	Dates Employed From/To	Work Performed
Address:	Hourly Rate/ Salary Start:	
Telephone:	End:	
Job Title:	Supervisor:	
Reason for leaving:		
Employer:	Dates Employed From/To	Work Performed
Address:	Hourly Rate/ Salary Start:	
Telephone:	End:	
Job Title:	Supervisor:	
Reason for leaving:		

List any employers you do not wish us to contact _____

Please indicate your name used in other employment if different than this application _____

Cite any additional information you feel might be helpful to us in considering your application _____

Professional References

Name Address	Phone Number	Occupation	Years Known
Name Address	Phone Number	Occupation	Years Known
Name Address	Phone Number	Occupation	Years Known

I understand that background information will be checked and will be considered as a result of my application for employment. This information may include but is not limited to the following:

- Employment and Work Performance Verification
- Motor Vehicle Driving Record
- Central Registry for Adult and Child Abuse
- Criminal History
- Sexual Offender Registry

I certify that all statements are true and complete to the best of my knowledge and I understand that to knowingly misrepresent and/or omit facts called for herein will be sufficient cause for cancellation of consideration for employment or dismissal, if I have been employed.

I authorize Community Action Partnership of Lancaster and Saunders Counties to investigate all information contained in the application and request each and every former employer, person, firm, corporation, and educational institution to answer any and all questions that may be asked and hold such persons harmless for giving any and all information within their knowledge or records. I have the right to make a written request within a reasonable period of time for complete and accurate disclosure of additional information concerning the nature and scope of this background check. In addition, my signature on this document will serve as authorization to release any and all information recorded on or attached to my application to Community Action Partnership of Lancaster and Saunders Counties. A photocopy or facsimile of this document is as valid as the original.

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 relationship between Community Action and myself is one of employment-at-will so that both Community Action and I remain free to choose to end our relationship at any time for any or no reason.

Signature _____ Date _____

**Declaration Form for Prospective Employees
of Community Action's Head Start Program**

As a grantee for the Head Start Program, Community Action is required to comply with the following: 45 CFR Part 1301, Subpart D, Head Start Grants Administration, Personnel Policies, Section 1301.31 (c) and (d).

Name of Prospective Employee: _____

Federal Policies now require that Head Start Agencies require all prospective employees to sign a declaration prior to employment which lists:

- 1) All pending and prior criminal arrests and charges related to child sexual abuse and their disposition.
- 2) Convictions related to other forms of child abuse and/or neglect; and
- 3) All convictions of violent felonies.

The declarations may exclude:

- 1) Any offense, other than any offense related to child abuse and/or child sexual abuse or violent felonies committed before the prospective employee's 18th birthday, which was finally adjudicated in a juvenile court or under a youth offender law;
- 2) Any conviction for which the record has been expunged under Federal or State Law; and
- 3) Any conviction set aside under the Federal Youth Corrections Act or similar State authority.

Note that individuals who declare, through this form, that they have been arrested, charged with, or convicted of any of the offenses listed above are not automatically disqualified from being hired. Head Start agencies must review each case to assess the relevance of an arrest, charge, or conviction to a hiring decision.

Please provide your signature on the appropriate category below:

I have not been arrested, charged, and/or convicted on one or more of the three types of offenses above.

Signature

Date

I have been arrested, charged, and/or convicted on one or more of the three types of offenses above. If so, please attach information listing the offense(s), the date(s) of the arrest, charge, and/or conviction, and other relevant information.

Signature

Date