

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 (formerly Lincoln Action Program), 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, 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 M T W T F S	Will you work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 10 11 12		
University/College		1 2 3 4		
Graduate School		1 2 3 4		
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 <input style="width: 50px;" type="text"/> To <input style="width: 50px;" type="text"/>	Work Performed
Address: <input style="width: 200px;" type="text"/>	Hourly Rate/ Salary <input style="width: 80px;" type="text"/>	
Telephone: <input style="width: 150px;" type="text"/>	Start: <input style="width: 100px;" type="text"/>	
Job Title:	End: <input style="width: 100px;" type="text"/>	
Supervisor:		
Reason for leaving:		

Employer:	Dates Employed From <input style="width: 50px;" type="text"/> To <input style="width: 50px;" type="text"/>	Work Performed
Address: <input style="width: 200px;" type="text"/>	Hourly Rate/ Salary <input style="width: 80px;" type="text"/>	
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Employer:	Dates Employed From <input style="width: 50px;" type="text"/> To <input style="width: 50px;" type="text"/>	Work Performed
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Telephone: <input style="width: 150px;" type="text"/>	Start: <input style="width: 100px;" type="text"/>	
Job Title:	End: <input style="width: 100px;" type="text"/>	
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 <input style="width: 100%;" type="text"/>	Phone Number	Occupation	Years Known
Address <input style="width: 100%;" type="text"/>			
Name <input style="width: 100%;" type="text"/>	Phone Number	Occupation	Years Known
Address <input style="width: 100%;" type="text"/>			
Name <input style="width: 100%;" type="text"/>	Phone Number	Occupation	Years Known
Address <input style="width: 100%;" type="text"/>			

I authorize Community Action Partnership of Lancaster and Saunders Counties (formerly Lincoln Action Program, to investigate all information contained in the application and I authorize all persons, institutions, organizations and companies to furnish all pertinent information known to them about me. 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 will also indemnify Community Action against any liability, which might result from making such investigation.

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 (formerly Lincoln Action Program), 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