



CAA

COMMUNITY ACTION AGENCY
OF COLUMBIANA COUNTY

Qualified applicants are considered for all positions. CAA is an equal opportunity employer and a drug free workplace. All questions must be answered and the application must be signed and dated.

Position(s) Applied for _____ Date of Application ___/___/___

- Referral Source: Advertisement Employee Relative Walk-In
- Government Employment Agency Private Employment Agency
- Internet Other _____

Name: _____ Social Security Number: ____-____-____
Last First Middle

Current Address _____ City _____ Zip Code _____
Number Street

Previous Address _____ City _____ Zip Code _____
Number Street

Phone Number: (____) _____ If necessary, best time to call you at home: _____

How long at this address? _____ Email Address: _____

What date are you available for employment? Full time Part time Temporary Seasonal

Are you able to work overtime if required? Yes No When? _____

Have you previously applied for a position at CAA? Yes No When? _____
Explain: _____

Are you eligible to work in the United States? Yes No
(Proof of eligibility will be required before you can be employed.)

Are you presently on layoff and/or subject to recall from any other company? Yes No
If yes, explain: _____

Have you ever been convicted of/or pleaded guilty to a crime (other than minor traffic violations) in the past seven years?
 Yes No If yes, please explain: (give date, location, charge, etc.) _____

If the job requires, do you have a valid driver's license?

DL# _____ Type: _____ State of Issue _____

Have you had any moving violations in the past 3 years?

If yes, please describe _____

Do you have any relatives currently employed by or on the Board of Directors of CAA? Yes No

If yes, please list: _____

REFERENCES:

List name and telephone number of three (3) work references and at least two (2) personal references, that are not related to you and are not previous supervisors. These references should have knowledge of your work ethic, experience and abilities.

Business References:

Name	Telephone	Years Known	Relationship

Personal References

Name	Telephone	Years Known	Relationship

EDUCATIONAL BACKGROUND:

Type of School	Name/City	Years Attended	Graduated	Course or Major
High School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business or Trade			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				

EMPLOYMENT HISTORY:

List your last three (3) employers, assignments or volunteer activities, starting with the most recent. Explain any gaps in employment in comments section below.

Employer:	Telephone: ()	Dates Employed Month & Year From To	Summarize the nature of the work performed and job responsibilities

Address:			
Job Title:	Hourly Rate/Salary Starting		
Immediate Supervisor and Title:	\$	Per	
Reason for leaving:	Hourly Rate Final		
May we contact for reference/verification? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	\$	Per	

Employer:	Telephone: ()	<u>Dates Employed</u> <u>Month & Year</u> From _____ To _____	Summarize the nature of the work Performed and job responsibilities
Address:			
Job Title:	Hourly Rate/Salary Starting		
Immediate Supervisor and Title:	\$	Per	
Reason for leaving:	Hourly Rate Final		
May we contact for reference/verification? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	\$	Per	

Employer:	Telephone: ()	<u>Dates Employed</u> <u>Month & Year</u> From _____ To _____	Summarize the nature of the work Performed and the job responsibilities
Address:			
Job Title:	Hourly Rate/Salary Starting		
Immediate Supervisor and Title:	\$	Per	
Reason for leaving:	Hourly Rate/Salary Final		
May we contact for reference/verification <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	\$	Per	

COMMENTS AND OTHER SKILLS AND QUALIFICATIONS (Including explanation of any gaps in employment)

I certify that the facts contained in this application and/or interview(s) are true and complete. Any misrepresentation or falsification of information or significant omissions will be cause for rejection of my application or for subsequent discipline up to and including my dismissal from employment if discovered at a later date.

I understand that, if employed, my employment is not guaranteed for any term, and my employment may be terminated by the employer or myself at any time and for any reason with or without prior notice. No representative of CAA other than the owner(s) is authorized to make any assurances or promises of continued employment and any such assurances must be in writing signed by the owner(s).

If I am employed, I agree to comply with and be bound by the safety and health rules and regulations, and rules of conduct of CAA.

This application will remain on active file for 60 days. If I am hired within this period, this form will be transferred to my individual personnel file. If I am not hired or have not heard from this employer within 60 days, this application is not longer active and I will need to reapply for employment if I wish to be considered for a job with CAA.

I give the employer and/or its agents, including consumer and credit reporting bureaus, the right to investigate any and all statements made in this application for the purpose of employment and retention of employment. This investigation may include, but not limited to, financial and credit reports, criminal conviction records, motor vehicle driving records and previous employment history. Further, I hereby release from liability and hold harmless this employer, its' representatives, all persons and organizations/companies for furnishing such information.

I agree to submit to a drug testing when an employment offer is presented, prior to regular hire, and during employment for random and/or post accident testing.

The technology, equipment and methods make CAA (the Agency) unique. As used herein, "Confidential Information" means customer lists, lists of customers, advertising/marketing programs and strategies, new product concepts, ideas for enhancing existing products, pricing structures, personnel information, sales volume, computer programs, product names, product designs, cost information, past, present and future development processes, past, present and future capabilities and other proprietary information, whether retained in hard-copy form, computer disk or file, or any other medium. Such confidential information is valuable, special and unique to the Agency. Also considered confidential information is any password, passcode, ID number, keys and the like, for computer access or security for the building, as well as keys to the Agency's file cabinets, offices and desks. By signing below, you acknowledge that during the course of your employment with the CAA, you have had and will continue to have access to Confidential Information. You acknowledge that the Confidential Information is and always will be the property of the Agency, has been maintained as confidential information by the Agency, is highly valuable and proprietary to the Agency, and the disclosure of it to third parties or unauthorized use of it by the employee will cause the Agency serious competitive harm.

The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, provincial, or federal law.

Signature of Applicant _____ Date _____/_____/_____

CONFIDENTIAL

**SAFETY-SENSITIVE EMPLOYEE APPLICATION
SUPPLEMENT**

Previous US Department of Transportation Drug and Alcohol Testing

I, _____, _____,
Print First Name, Middle Initial, Last Name Social Security Number

Attest that:

I have participated in DOT-regulated drug and alcohol testing with previous employers.

1. Have you tested positive (0.04 or greater) for alcohol in the last two years?
Yes _____ No _____
2. Have you had a verified positive drug test result in the last two years?
Yes _____ No _____
3. Have you refused a required drug or alcohol test in the last two years (or had a verified adulterated or substituted drug test result)?
Yes _____ No _____
4. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules in the last two years?
Yes _____ No _____
5. Have you violated any other DOT drug or alcohol testing regulation within the last two years?
Yes _____ No _____

If you responded "YES" to any of the above questions, please provide documentation or your successful completion of DOT return-to-duty requirements. If you do not have this information, please explain why: _____

(Use additional pages as necessary)

"I certify that the facts contained in this form are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this form shall be grounds for dismissal."

Signed

Date