



719 S. Main Street
Dayton, OH 45402
(937) 341-5000
Fax: (937) 341-5002

Application for Employment

All offers of employment with Community Action Partnership are contingent upon successful completion of a drug and breath alcohol test. Tests are included in a pre-employment examination, which must be completed to the satisfaction of the agency.

Please complete the following using blue or black ink.

Today's Date: _____

Personal Information:

Position Applying For: _____ Date Available: _____

Name: _____
(Please print- Last, First, Middle)

Social Security Number: ____ - ____ - ____

Address: _____
(Number and Street) (City) (State) (Zip Code)

Phone Number: _____ Alternate Phone: _____

Please list your School District: _____

How did you find out about our agency? _____

Person to be contacted in case of an emergency:

Name: _____ Relationship to you: _____

Address: _____ City/State/Zip _____

Phone Number: _____ Alternate Phone: _____

List three references (not related to you):

	<u>Name</u>	<u>Address</u>	<u>Occupation</u>	<u>Years Known</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____



Education Information:

	Name and Location	Major	Degree Earned (Yes/No)
High School			
College			
Business			
Other			

Have you ever served in the U.S. Armed Forces? _____ Yes _____ No
 If yes, did such military experience have any relationship to the position you are applying for? Please explain. _____

Please list any relatives already employed by Community Action Partnership:

Please list any relatives that sit on Community Action Partnership's governing board:

Employment Information:

Please list all employment information. Record the current or most recent information first and work backwards.

Dates of Employment	Company Name Address	Your Title	Supervisor's Name and Title	Salary	Reason for Leaving
From: _____ To: _____					
From: _____ To: _____					
From: _____ To: _____					
From: _____ To: _____					

****Please attach any additional employment to the application that you feel is necessary for consideration for employment ****

Skills

Please check your level of skill with the following:

	<i>None</i>	<i>Beginner</i>	<i>Intermediate</i>	<i>Expert</i>
Computer				
Telephone Communication System				
Copier				
Calculator				
Internet/World Wide Web				
Electric Typewriter				
Language other than English (list):				
Other (list):				

Please list all computer programs that you have used before:

Please list any additional skills you have that you feel may be pertinent to the position you are applying for:

As a condition of employment at Community Action Partnership, you must undergo a background check. Have you ever been convicted of any offense against the law?

Yes No

Have you ever tested positive, or refused to test, on any drug/alcohol test?

Yes No

All of the information I have set forth is true and accurate to the best of my knowledge. I understand that any offer and acceptance of employment is conditional upon the successful completion of a physical examination, if applicable, which includes a drug and breath alcohol test. Such examination and/or testing will be administered by Community Action Partnership.

Signature in Full

Date

**Please fax or mail applications to:
 Community Action Partnership of the Greater Dayton Area
 Attn: Human Resources
 719 S. Main Street
 Dayton, OH 45402
 (937) 341-5002**

NO PHONE CALLS PLEASE!





Authorization Release Form

I hereby authorize the addressed to release any and all employment and/or education information you may have concerning me, either on record or from some other sources, to Community Action Partnership of the Greater Dayton Area. I understand that this information will be used for employment consideration purposes. I also release all concerned parties from any and all liability for damages incurred by the providing of such information.

Signature of Applicant

Date

**Please fax or mail applications to:
Community Action Partnership of the Greater Dayton Area
Attn: Human Resources
719 S. Main Street
Dayton, OH 45402
(937) 341-5002**

Request for Check of Driving Record

I hereby authorize you to release the following information to Community Action Partnership (CAP) for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

(Applicant's Signature)

(Date)

.....
I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX, Section 300002(a)).

(Signature of Requester)

(Date)

To: Brower Insurance
110 North Main Street
Dayton, OH 45402

Dear Sir/Madam:

The following named person has made application with our company for the position of _____ . As in accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

Name of Applicant _____

Address _____
(Number & Street) (City) (State) (Zip Code)

Former Address _____
(Number & Street) (City) (State) (Zip Code)

Date of Birth _____ **SSN** _____ **License No.** _____

Requested By:

Community Action Partnership
719 South Main Street
Dayton, Ohio 45402-2709

(Typed Name)

(Date)

(Signature)