



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 full background check, including drug and breath alcohol test. These tests are necessary for pre-employment, 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: _____

How did you find out about our agency? _____

List three (3) references (not related to you):

	<u>Name</u>	<u>Phone</u>	<u>Email</u>	<u>Years Known</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Education Information:

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. _____



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

Please list any relatives already employed by Community Action Partnership and relation to you:

Do you have any relatives that sit on Community Action Partnership's governing board? ___ Yes ___ No
If so, their name and relation to you: _____

Have you previously applied to other CAP positions? ___ Yes ___ No If so, please list titles/dept:

Employment Information:

Please list your last three (3) employers with the most recent first.

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

****Please attach your resume or any additional documentation that you feel is necessary for consideration for employment ****

Skills

Please check your level of skill with the following:

	None	Beginner	Intermediate	Expert
Computer - Microsoft Outlook				
Microsoft Word				
Microsoft Excel				
Microsoft Powerpoint				
Internet				
Language other than English (list):				
Other (list):				

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

Have you ever been convicted of any offense against the law? (including a misdemeanor or felony) **Yes** **No** (A conviction does not mean that you will not be considered for employment.)

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 background screening, if applicable, which includes a drug and breath alcohol test. Such testing will be administered by Community Action Partnership.

Signature in Full

Date

Please fax or email application and resume to:

Community Action Partnership of the Greater Dayton Area
Attn: Human Resources
719 S. Main Street
Dayton, OH 45402
(937) 341-5000
Fax: (937) 341-5002
hr@cap-dayton.org

NO PHONE CALLS PLEASE!

If you have applied to a position, we will acknowledge receipt of your application, however, due to the volume of phone calls, we will not be able to return calls regarding the status of your application. You will be contacted should you meet the requirements of the position.



Authorization Release Form

I hereby authorize 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

Request for Check of Driving Record

Do you have a valid driver's license? ___ Yes ___ No Do you have a state identification card? ___ Yes ___ No

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)

.....
In accordance with the provisions of Sections 604 and 607 of the **Fair Credit Reporting Act**, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), 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.

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

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.** _____ **State** _____

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)).

Requested By:

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

(Requestor's Printed Name)

(Date)

(Requester's Signature)