

**COMMUNITY ACTION, INCORPORATED
OF HAYS, CALDWELL, AND BLANCO COUNTIES
101 UHLAND ROAD, SUITE 107, P.O. BOX 748, SAN MARCOS, TX 78667-0748
PHONE 512/392-1161**

EMPLOYMENT APPLICATION

Name	Last	First	Middle
Address	No. & Street	City	State
Phone #	() _____ Home	() _____ Work	Zip
Message #	() _____ Phone	Name	Relationship

Type of Position Applying for _____
If applying for a specific position, please identify the position: _____
Acceptable Employment Category: Regular _____ Temporary _____ Full Time _____ Part Time _____ (30 - 40 hours per week) (29 or fewer hours per week)
Acceptable Salary _____ Date Available _____

Are you a current or former Head Start Parent?	Yes <input checked="" type="radio"/>	No <input checked="" type="radio"/>
Do you have any relatives who are current employees of Community Action, Inc.?	Yes <input checked="" type="radio"/>	No <input checked="" type="radio"/>
If yes, please identify:	Name _____	Relationship _____
Do you have any relatives who are current Board Members of Community Action, Inc.?	Yes <input checked="" type="radio"/>	No <input checked="" type="radio"/>
If yes, please identify:	Name _____	Relationship _____
Do you have any relatives who are current representatives of the Head Start Policy Council?	Yes <input checked="" type="radio"/>	No <input checked="" type="radio"/>
If yes, please identify:	Name _____	Relationship _____

Do you have a valid Texas Driver's License?	Yes <input checked="" type="radio"/>	No <input checked="" type="radio"/>	If yes, Number _____	Class _____
Do you have access to a vehicle on a daily basis?	Yes <input checked="" type="radio"/>	No <input checked="" type="radio"/>	Do you carry liability insurance?	Yes <input checked="" type="radio"/> No <input checked="" type="radio"/>
Are you at least 18 years of age?	Yes <input checked="" type="radio"/>	No <input checked="" type="radio"/>	Are you at least 21 years of age?	Yes <input checked="" type="radio"/> No <input checked="" type="radio"/>

Have you ever been convicted of a felony?	Yes <input checked="" type="radio"/>	No <input checked="" type="radio"/>	If yes, please provide: County _____ State _____
Year _____	Type of Offense _____		

EDUCATION

High School Diploma Yes No _____
If yes, name and location of school

G.E.D. Yes No If no H.S.D. or G.E.D., circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

College/University _____ Location _____

Course of Study _____

Dates of Attendance _____ Hours Completed _____ Degree? Yes No

If yes, please identify _____ Year Received _____

College/University _____ Location _____

Course of Study _____

Dates of Attendance _____ Hours Completed _____ Degree? Yes No

If yes, please identify _____ Year Received _____

Technical/Vocational School _____ Location _____

Graduate? Yes No Dates of Attendance _____ Course of Study _____

SPECIAL TRAINING AND SKILLS

Identify any specialized training or skills you have _____

Are you registered, licensed, or certified in any special training? Yes No If yes, please identify _____

If you type, approximate words per minute _____ List office machines and equipment you can use; i.e., calculators, printing, graphics, etc. _____

If you have computer skills, please describe: Excellent Good Fair Minimum

What software have you used? _____

List any languages, other than English, you can speak, read or write:

Language _____ Language _____

Speak: Fluent <input type="radio"/>	Good <input type="radio"/>	Fair <input type="radio"/>	Minimum <input type="radio"/>	Speak: Fluent <input type="radio"/>	Good <input type="radio"/>	Fair <input type="radio"/>	Minimum <input type="radio"/>
Read: Fluent <input type="radio"/>	Good <input type="radio"/>	Fair <input type="radio"/>	Minimum <input type="radio"/>	Read: Fluent <input type="radio"/>	Good <input type="radio"/>	Fair <input type="radio"/>	Minimum <input type="radio"/>
Write: Fluent <input type="radio"/>	Good <input type="radio"/>	Fair <input type="radio"/>	Minimum <input type="radio"/>	Write: Fluent <input type="radio"/>	Good <input type="radio"/>	Fair <input type="radio"/>	Minimum <input type="radio"/>

CURRENT EMPLOYMENT

Employer _____ Phone (____) _____

Address _____ City, State, Zip _____

Hire Date _____ Current Position _____ Current Salary _____

Duties/Responsibilities _____

Supervisor _____

Reason for seeking other employment _____

May we contact employer for references? Yes No If no, please explain _____

PREVIOUS EMPLOYMENT (Start with most recent)

Employer _____ Phone (____) _____

Address _____ City, State, Zip _____

Employment Dates: From _____ To _____ Last Position Held: _____

Duties/Responsibilities _____

Salary when you left _____ Supervisor: _____

Reason for leaving _____

May we contact employer for references? Yes No If no, please explain: _____

If applicable, state other name(s) used while employed here _____

Employer _____ Phone (____) _____

Address _____ City, State, Zip _____

Employment Dates: From _____ To _____ Last Position Held: _____

Duties/Responsibilities _____

Salary when you left _____ Supervisor: _____

Reason for leaving _____

May we contact employer for references? Yes No If no, please explain: _____

If applicable, state other name(s) used while employed here _____

PREVIOUS EMPLOYMENT (continued)

Employer _____ Phone (____) _____
Address _____ City, State, Zip _____
Employment Dates: From _____ To _____ Last Position Held: _____
Duties/Responsibilities _____
Salary when you left _____ Supervisor: _____
Reason for leaving _____
May we contact employer for references? Yes No If no, please explain: _____
If applicable, state other name(s) used while employed here _____

Employer _____ Phone (____) _____
Address _____ City, State, Zip _____
Employment Dates: From _____ To _____ Last Position Held: _____
Duties/Responsibilities _____
Salary when you left _____ Supervisor: _____
Reason for leaving _____
May we contact employer for references? Yes No If no, please explain: _____
If applicable, state other name(s) used while employed here _____

Employer _____ Phone (____) _____
Address _____ City, State, Zip _____
Employment Dates: From _____ To _____ Last Position Held: _____
Duties/Responsibilities _____
Salary when you left _____ Supervisor: _____
Reason for leaving _____
May we contact employer for references? Yes No If no, please explain: _____
If applicable, state other name(s) used while employed here _____

VOLUNTEER/CIVIC/PROFESSIONAL INVOLVEMENT

Organization _____ Phone (____) _____

Address _____ City, State, Zip _____

Your Involvement _____

Dates of Involvement _____ Contact Person _____ Contact's Position _____

Organization _____ Phone (____) _____

Address _____ City, State, Zip _____

Your Involvement _____

Dates of Involvement _____ Contact Person _____ Contact's Position _____

Organization _____ Phone (____) _____

Address _____ City, State, Zip _____

Your Involvement _____

Dates of Involvement _____ Contact Person _____ Contact's Position _____

CHARACTER REFERENCES (DO NOT LIST RELATIVES)

Name _____ Relationship _____

Address _____ City, State, Zip _____

Home Phone (____) _____ Work Phone (____) _____

Name _____ Relationship _____

Address _____ City, State, Zip _____

Home Phone (____) _____ Work Phone (____) _____

Name _____ Relationship _____

Address _____ City, State, Zip _____

Home Phone (____) _____ Work Phone (____) _____

RESOURCE INFORMATION

Please identify who or what prompted you to apply with Community Action, Inc.?

Community Action, Inc. employee? If so, please identify: _____

Newspaper employment ad? If so, please identify newspaper: _____

Newspaper article? If so, please identify newspaper: _____

Texas Workforce Commission? Walk In? Other? If other, please identify: _____

Have you previously been employed with Community Action, Inc. ? Yes No

If yes, when? _____ Position? _____

Have you previously applied for a position with Community Action, Inc.? Yes No

If yes, when? _____ Position? _____

APPLICANT'S CERTIFICATION

The information provided in my application for employment is true and correct to the best of my knowledge. I understand that false statements or omissions on this application or any other material furnished for employment shall be considered sufficient cause for (1) rejection of my application, (2) withdrawal of any outstanding job offer, or (3) if I am employed, for my discharge from employment.

Unless I have expressly identified any person(s) or organization(s) that is not to be contacted for reference information, I authorize Community Action, Inc. of Hays, Caldwell, and Blanco Counties to investigate any information provided in this application. I release, from liability, all persons, corporations or organizations for furnishing such information. I understand that my Social Security Number will be used to identify my application.

I understand that any information requested on this application and/or provided by me, that is not relevant to the position for which I am being considered, will not be used.

I understand that Community Action, Inc. provides a drug free work place for its employees.

I understand that Community Action, Inc. is an Equal Opportunity Employer. Each applicant is considered equally, without regard to race, color, religion, sex, national origin, age, marital or veteran status, or medical condition or disability.

I understand that Community Action, Inc. complies with the Immigration Reform and Control Act of 1986. I further understand that if I accept employment with Community Action, Inc., upon reporting to work, I will be required to furnish proof of identity and legal authorization to work in the United States.

I understand that employment with the Head Start Program is contingent upon, but not limited to, a criminal history check which reveals no felony or misdemeanor, official complaints, indictments, or convictions, which are in conflict with Head Start regulations or Texas Department of Protective and Regulatory Services child care licensing regulations. Examples include offenses against persons or family, public indecency and the Texas Controlled Substances Act.

If I am employed, I agree to comply with the policies, rules, regulations and procedures of Community Action, Inc.

I also understand that, if employed, the employment relationship will be at-will and may be terminated by myself or Community Action, Inc., at any time, with or without cause.

Applicant's Name _____ **Social Security No.** _____
(Please Print)

Applicant's Signature _____ **Date** _____

APPLICANT EEO DATA FORM

The information requested below is for the purpose of reporting to Federal and Equal Employment Opportunity Agencies and will not be considered as part of the application for employment.

1. Position Applied for: _____

2. Sex: Male Female

3. Birth Date: _____
Month Date Year

4. Ethnic Origin: White Black Hispanic Asian/Pacific Islander
American Indian/Alaskan Eskimo Other