

**COMMUNITY ACTION PROGRAM  
OF EVANSVILLE**

**CAPE**

**APPLICATION FOR EMPLOYMENT**  
An Equal Opportunity Employer

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Applicant's Name

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Date

COMMUNITY ACTION PROGRAM  
OF EVANSVILLE

Head Start Parent \_\_\_\_\_

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer (M/F/V/D)

**PERSONAL**

PLEASE PRINT IN **BLUE** INK ONLY OR TYPE

NAME \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_  
LAST FIRST MIDDLE

PRESENT ADDRESS \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

HOME TELEPHONE NO. ( ) \_\_\_\_\_ BUSINESS TELEPHONE NO. ( ) \_\_\_\_\_

ADDITIONAL ADDRESS AND TELEPHONE NUMBER WHERE YOU CAN BE CONTACTED (NOW AND IN THE FUTURE):

**ALL APPLICANTS PLEASE NOTE:**

We have designed this application so that you may present your qualifications for employment most effectively. You may supplement this application in addition to other material or information which you think will be helpful to us. This application will become an important part of your personnel record if hired.

1. Please answer all questions as completely and accurately as possible. **All information pertaining to your current employment must be complete and accurate, and will be verified at the appropriate time.** Do not submit this application if that information is not complete and accurate. In the case of information other than your current employment, if you are not certain about the accuracy of the information you are providing, you **must** make a note to that effect next to your response. **Information pertaining to your education and employment history will be verified.** All other information on this application may be verified. If it is determined that any information is inaccurate, and you have not noted that possibility on this form, your actions may be construed as an intentional misrepresentation, which will be grounds for rejection of this application, or dismissal if the determination is made after you have been placed in your job.
2. Prospective employees may be required to undergo a pre-placement fitness for work physical examination. You will at that time be given the opportunity to discuss any medical condition which may require reasonable accommodation.
3. Prospective employees will also be required to submit to a drug-screening urinalysis. Refusal to submit to this test will be deemed a withdrawal of this application for employment. A positive test will be considered sufficient cause for rejection of this application.

**EMPLOYMENT INFORMATION**

Position Applying	Yrs. Exp. in	Salary Requirement	Date Available	Referred By
For	Position Desired			
Available for				
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Permanent	



## EMPLOYMENT HISTORY CONT.

Month and Year From	Month and Year To	Current Job Title
Name of Company		Street Address, City, State, Zip Code (list actual work location)
Supervisor's Name and Title - Phone No.		
Starting Pay Rate	Ending Pay Rate	Reason for Seeking Change
Description of Duties: _____		

Month and Year From	Month and Year To	Current Job Title
Name of Company		Street Address, City, State, Zip Code (list actual work location)
Supervisor's Name and Title - Phone No.		
Starting Pay Rate	Ending Pay Rate	Reason for Seeking Change
Description of Duties: _____		

Month and Year From	Month and Year To	Current Job Title
Name of Company		Street Address, City, State, Zip Code (list actual work location)
Supervisor's Name and Title - Phone No.		
Starting Pay Rate	Ending Pay Rate	Reason for Seeking Change
Description of Duties: _____		

## PROFESSIONAL REFERENCES

List three (3) professional references. Please circle/identify your relationship with the reference.

Mark (X) in front of any reference you do **NOT** want us to contact at this time.

Name	Job Title	Supervisor/ Coworker /Friend/Other
Company Name & Address		Area Code/Telephone Number

Name	Job Title	Supervisor/ Coworker /Friend/Other
Company Name & Address		Area Code/Telephone Number

Name	Job Title	Supervisor/ Coworker /Friend/Other
Company Name & Address		Area Code/Telephone Number

## GENERAL INFORMATION

Referred By:  Job Line/Posting  Current Employee  Newspaper Advertisement  
 Employment Security Commission  Other-Specify \_\_\_\_\_

Have you entered any agreement with any person or company which would prevent you from disclosing or would otherwise limit your disclosure of business or technical information considered confidential by that person or company?  YES  NO

Are you a United States citizen?  YES  NO If no, what visa classification do you hold? \_\_\_\_\_

Have you ever been convicted of a felony crime, excluding misdemeanors & summary offenses?  YES  NO  
If yes, please explain \_\_\_\_\_

Do you possess a **VALID** drivers license?  YES  NO If yes, is it a commercial license  YES  NO

Have you ever applied here before?  YES  NO If yes, when \_\_\_\_\_  
Have you ever worked here before?  YES  NO  
If yes, where/when \_\_\_\_\_

We have a tobacco free work environment. If you are a tobacco user, do you understand that you **CANNOT** use tobacco in CAPE'S work environment?  YES  NO

Do you have relatives\* who are on the CAPE Board of Directors?  YES  NO

Do you have relatives\* working for **CAPE**?  YES  NO If yes, list names, relationships, and their work location(s) :

\*Relatives (defined as husband, wife, son, daughter, father, mother, sister, brother, son-in-law, daughter-in-law, mother-in-law, father-in-law)

## APPLICANT'S CERTIFICATION

Read these statements carefully before signing. Your signature will indicate that you understand the following statements and agree to be bound by their terms:

1. **Information from third parties:** To assist in the evaluation of my employment application, I authorize **CAPE** and its designated agent to verify any and all information concerning me from any persons, schools, companies, corporations, partnerships, government or government sub-division, agencies or other entities including, but not limited to, law enforcement agencies, licensing agencies and any of my previous employers.

I hereby authorize any and all of the aforesaid enumerated parties to furnish **CAPE** any and all information concerning me. I further release all parties referred to herein and **CAPE**, its agents, and/or employees from any and all liability and responsibility arising out of the release of any information concerning me.

2. **Age Certification:** I certify that I am at least 18 years of age.

3. **Truthfulness of information furnished:** I certify that the information which I have furnished on this application is true and complete, and I understand that any misrepresentation may result in my not being employed or dismissal if employed. I also understand that employment is subject to satisfactory academic and past employment records and a satisfactory completion of a drug screening urinalysis.

4. **Employment at the will of the Company:** I understand that if employed my employment will be at the will of the employer, in other words, there will be no employment contract, expressed or implied, and my employment may be terminated at any time at the will of **CAPE**.

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SIGNATURE OF APPLICANT AND DATE

## SUPPLEMENTAL DATA SHEET

As an Equal Opportunity Employer, CAPE wishes to be sure that you are aware that **all** jobs are open to members of **all** race/sex/veteran/disabled groups. Periodic reports are made to the government on the following applicant information. You are **not** required to answer the following questions; your submission of this information is voluntary. The information will not be used by **CAPE** in consideration of your application. You may ignore the questions if you wish.

\_\_\_\_\_  
NAME (Last, First, Middle Initial)                      SOCIAL SECURITY NO.                      BIRTH DATE (Month, Day, Year)

SEX (please check one)

Male                       Female

RACE/ETHNIC GROUP\* (please check one; see definitions below)

White                       Asian or Pacific Islander                       American Indian or Alaskan Native  
 Hispanic                       African American                       Other \_\_\_\_\_

Are you a Disabled Veteran?     Yes                       No

Are you a Vietnam Era Veteran?  Yes                       No

Do you wish to identify yourself as disabled?     Yes                       No

If Yes, please identify the disability: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What are your limitations, and what accommodations would be necessary to enable you to perform the job?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### \*DEFINITIONS

**WHITE (Not of Hispanic origin)** - All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**AFRICAN AMERICAN (Not of Hispanic origin)** - All persons having origins in any of the black racial groups of Africa.

**HISPANIC** - All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.

**ASIAN OR PACIFIC ISLANDER** - All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

**AMERICAN INDIAN OR ALASKAN NATIVE** - All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

**COMMUNITY ACTION PROGRAM OF EVANSVILLE  
INFORMED CONSENT FOR DRUG TESTING**

As a **Community Agency** committed to addressing the needs of the community we serve, **CAPE** has a special interest in the health, safety and well being of its employees .

I UNDERSTAND that according to The Community Action Program of Evansville's policy, I am required to take a fitness-for-work medical examination, which includes a medical examination, and a urinalysis. I understand that my urine specimen will be tested for the presence of certain illegal drugs and/or controlled substances.

I also understand that I have the right to refuse the medical examination or the urinalysis for illegal drugs and controlled substances. However, refusal will be considered a withdrawal of my application for employment.

**I WILL LIST ON THE CONFIDENTIAL HEALTH QUESTIONNAIRE ALL ALCOHOL PRODUCTS, MEDICATIONS, DRUGS OR VITAMINS TAKEN WITHIN THE TWO WEEKS PRIOR TO THE TEST, INCLUDING, BUT NOT LIMITED TO PRESCRIPTION MEDICATIONS, TRANQUILIZERS, SLEEPING PILLS, OVER-THE-COUNTER MEDICATIONS SUCH AS DIET PILLS, HEADACHE AND PAIN MEDICATIONS, COLD TABLETS, COUGH SYRUP, ETC.**

All information derived from this test will be classified as confidential and standard procedures provide that such information will be released only to those **CAPE** personnel with a need to know. Confirmed positive test results without a valid and verifiable medical explanation will be reported to the Human Resource Specialist. I understand that a positive result on the test for illegal drugs and controlled substances without a valid and verified medical explanation will disqualify me from employment consideration for a period of one (1) year from the date of the test.

**I CONSENT** freely and voluntarily to provide a genuine, unaltered, current specimen of my urine for testing for illegal drugs and controlled substances. I also consent to the **RELEASE** of the result(s) of this analysis to the **Community Action Program of Evansville**.

**MY SIGNATURE IS AN ACKNOWLEDGMENT THAT I HAVE READ AND UNDERSTAND THIS DOCUMENT.**

\_\_\_\_\_  
**Applicant**

\_\_\_\_\_  
**Date**

**NOTE TO EMPLOYMENT APPLICANTS: FAILURE TO SIGN THE ABOVE CONSENT AND PROVIDE THE REQUESTED SAMPLE(S) WILL DISQUALIFY YOU FROM FURTHER CONSIDERATION FOR EMPLOYMENT**

**FOR AGENCY USE**

**INTERVIEWED BY:**

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**DATE:** \_\_\_\_\_

**HIRED?** \_\_\_\_\_ **yes** \_\_\_\_\_ **no**