

Employment Application



Notice to applicants: Consideration for employment will be based on information provided by you. All applications are reviewed and rated according to experience and training relevant to the position. Incomplete applications will be rejected. Resumes may be submitted along with the application; however, please complete the application in full- do not write "see resume."

IMPORTANT: This employer participates in E-Verify. Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/ Unit #

City State Zip Code

Phone: _____ Email: _____

Position Applying For: _____ Date Available: _____

Are you legally authorized to work in the U.S.? Yes No

Are you 18 years of age or older? Yes No

Education

Did you graduate from high school or receive a GED? Yes No

Education completed (check one): High School College Advanced Degree

List the names and locations of all high school(s), college(s), professional, and trade schools you attended:

Name and Location	Major/Minor	Certification/Degree	Did you graduate?

Work Experience

Be complete. DO NOT WRITE "See Resume." Experience and training ratings are based on the information you provide on this application form. If you need more space, attach additional sheets. List current or most recent employment first.

Employer: _____

Job Title: _____

Dates Employed: From: _____ To: _____

Your Supervisor's Name: _____ Phone: _____

May we contact your previous employer? Yes No

Describe your duties:

Reason for Leaving: _____

Employer: _____

Job Title: _____

Dates Employed: From: _____ To: _____

Your Supervisor's Name: _____ Phone: _____

May we contact your previous employer? Yes No

Describe your duties:

Reason for Leaving: _____

Employer: _____

Job Title: _____

Dates Employed: From: _____ To: _____

Your Supervisor's Name: _____ Phone: _____

May we contact your previous employer? Yes No

Describe your duties:

Reason for Leaving: _____

List any relevant certifications, affiliations, or courses below:

List any relevant volunteer, community work, and internships below:

Organization	Type of Work	Hours/Week	Dates

References

Please list three professional references:

Full Name: _____ Years Known: _____

Occupation: _____ Phone: _____

E-mail : _____

Full Name: _____ Years Known: _____

Occupation: _____ Phone: _____

E-mail : _____

Full Name: _____ Years Known: _____

Occupation: _____ Phone: _____

E-mail : _____

Disclaimer and Signature

I certify that all statements made on this application are true, complete, and correct to the best of my knowledge and belief. I understand that these statements are subject to verification.

Signature: _____

Date: _____

Affirmative Action Policy Statement: Community Action Partnership of Hennepin County (CAP-HC) acknowledges that equal opportunity for all persons is a fundamental human value. Consequently, it is the policy of CAP-HC to provide equal opportunity employment and advancement for all persons and to provide access to, admission to, full utilization and benefit of training and promotional opportunities without discrimination because of race, color, creed, age, religion, sexual orientation, national origin, sex, disability, marital, or public assistance status. To implement this policy, CAP-HC requires that every person making application for, current employed by, or applying for further vacancies at CAP-HC will be considered on the basis of individual abilities.



Community Action

Partnership of Hennepin County

Equal Employment Opportunity Information

The information request below will be used to evaluate our efforts to reach all segments of the population and in reviewing our selection and placement efforts. The information is voluntary and private. It is detached and retained separately from your work history. It is not referred to hiring managers or supervisors. If we request additional information related to your disability, it will be maintained as a separate and private medical record. We appreciate your cooperation in our efforts to ensure Affirmative Action and Equal Employment Opportunity. Any false statement may be punishable by law.

Please check the appropriate boxes: Male Female

With which racial/ethnic group do you identify?

- Asian or Pacific Islander
- American Indian or Alaskan Native
- African American (Black)
- Caucasian (White)
- Hispanic
- Other: _____

Are you a veteran? Yes No

Disability Status, defined as:

1. A physical or mental impairment that substantially limits one or more of the major life activities;
2. Has a record of such impairment;
3. Is regarded to having such impairment.

Do you claim disability status? Yes No

Do you need special testing accommodations such as a reader or a sign language interpreter?

Yes No

If yes, please specify the type of accommodation needed: _____

Where did you hear about this job?

- | | |
|---------------------------------------|--|
| Minnesota Career Opportunity Bulletin | College/University Posting |
| Job Information Line | Referred by CAP-HC Employee/Board Member |
| Job Service Office | Newspaper (please specify) _____ |
| Website (please specify) _____ | Other (please specify) _____ |