MUSKINGUM COUNTY COMMUNITY ACTION AGENCY APPLICATION FOR EMPLOYMENT

As an equal opportunity employer Muskingum County Community Action does not discriminate in its employment decisions on the basis of race, color, religion, national origin, gender, age, military or veteran status, disability, genetic information, or on any other basis that would be in violation of any applicable federal, state, or local law. Any applicant who feels that he or she has been discriminated against is encouraged to report the incident immediately to the EEO Officer.

Instructions: Your interest in employment with our Agency is appreciated. This application is the initial step in the selection process, and it will help us assess your qualifications, work history, experience and training. You must complete this application, in full, to be considered for employment. If you have a resume, you may attach it to this application form, however, you must still complete this application form. If there is insufficient space available to adequately provide the information requested, you may use an additional paper and attach it to the back of this form. Please write legibly.

If you need assistance completing this form because of a disability, please request that the EEO Officer provide someone to assist, or you may request some other reasonable accommodation.

Information About You						
NameLast	Middle		First	я.		
Address		0''	7: 0.1.	Talaukawa		
Number St	reet	City	Zip Code	Telephone		
Social Security Number	applicati provide —— including	on, howevent. Your but not I	er, upon appoir SSN may be imited to genera	voluntary upon comple ntment, it is mandatory lawfully required for p al identification, tax info ld support orders, and o	that yourpose ormation	
Are you over 18 years old? Yes No_	_ A felony	Have you ever been convicted of a crime? Yes No A felony conviction will not automatically exclude you from consideration				
Have you ever been employed by this Ag	gency? Yes	_ No	_			
If yes, what job did you hold?						
Do you have a secondary employment th	nat will continue i	f you are	hired by this A	gency? Yes No		
If yes, list the nature of the employment						
Are you eligible for employment in the United States?	Yes No	p		be required to provion to the street to the		

Your Employment History Present Or Most Recent Employer Name of Organization Type of Business _(___) Telephone Number Supervisor's Name/Job Title Your Job Title /__/_ to __/_/ Dates Employed Are you still employed with this organization? Yes ____ No ____ Other income from this employer such as bonuses, etc. _____ Your pay rate or salary __ (annual/ hourly) **Briefly Describe Your Job Duties** May we contact this employer for a job reference? Yes _____ No _____ Reason[s] for Leaving Next Most Recent Employer Present Or Most Recent Employer Type of Business Name of Organization _(____) Telephone Number Supervisor's Name/Job Title **Your Job Title** _/__/_ to __/__/_ Dates Employed Are you still employed with this organization? Yes ____ No ____ Your pay rate or salary _____ Other income from this employer such as bonuses, etc. _____ (annual/ hourly) **Briefly Describe Your Job Duties** May we contact this employer for a job reference? Yes ____ No ____ Reason[s] for Leaving

List all other employers for whom you have been employed and the dates of y	our e	emplo	yment.	
Name of Organization	<u>Dates Employed</u>			
	/_	/	_ to _	
	/	/_	_ to _	
		/_	_ to _	
Your Education and Training				
Circle the last year of formal education completed				
0 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 Primary Education College				
High School AttendedCollege				
Trade School				_
Diplomas, Degrees or Certificates Achieved				
About The Job For Which You Are Applying You will be given a copy of the job description for the job for which you are a description so that you understand job requirements. Proceed in answering on this application form. Can you perform the essential functions of the job [with or without a reasonab Yes No	apply the i	ving. remai	Please revie	w the
ii iio, picase acconse.				
Do you feel that you will need additional training in any areas to effectively per Explain:	form	the j	ob? Yes_ N	o
Expected Hourly Rate Full-time Part-time			- А	ny

If hired, when will you be available to work?//
List any schedule restrictions:
List all job equipment that you are qualified to operate:
Please read the statements below, and upon your understanding and agreement, sign in the spaces provided. No application will be considered which is not signed.
Applicant Understanding and Agreement
In signing below, I am verifying that all of the information I've provided is complete, truthful and accurate to the best of my knowledge. I further understand that any misrepresentation or omission of pertinent facts is cause for disqualifying me from further consideration in the employment selection process. If I am hired, and the Agency subsequently discovers that information provided on this application is inaccurate or incomplete, I understand that this may be sufficient cause for separation from employment.
I understand that this application is not (and is not intended to be) a contract of employment and that employment with the Agency does not constitute a contractual employment relationship. I further understand that the Agency is at-will, which means that either I or the Agency may terminate the employment relationship at any time, with or without cause or prior notice.
Applicant Signature Date