

APPLICATION FOR EMPLOYMENT

**Community Action Partnership
of Western Nebraska**
3350 10th Street
Gering, NE. 69341-1700
(308)-635-3089 Fax (308) 635-0264

Please Print

Position Applied For: _____ Date of Application _____

Federal Law obligates us to provide reasonable accommodations to known disabilities of applicants and employees, unless to do so, would pose an undue hardship. Please let us know if you need an accommodation to complete the application process.

Personal Information				
Last Name		First Name		Middle Name
AKA (also Known As):			Telephone Number	
Address Street	City	State,	Zip Code	E-Mail Address
Have you ever been employed by CAPWN?			<input type="checkbox"/> Yes	<input type="checkbox"/> No If yes, when?
Are you 18 years of age?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you 21 years of age or over? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a valid driver's license?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you prevented from lawfully working in this country because of Visa or Immigration Status?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Proof of citizenship or immigration status will be required before employment.				
Have you been convicted of a crime?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, explain
Conviction does not necessarily disqualify an applicant from employment.				
Are you currently employed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, can we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Overnight <input type="checkbox"/> Weekends				
What days? S M T W T F S				
Certification				
<p>These answers are true and complete to the best of my knowledge. By signing this application, I authorize investigation of my past employment, education, job-related activities and criminal history contained in this application for employment as may be necessary to arrive at an employment decision. I hereby release any prior employer or third party that may provide information to CAPWN concerning any provisions contained in this application from liability. I also indemnify CAPWN against any liability that might result from making such investigation. This application shall be considered active and on file for a period of time not to exceed 60 days.</p> <p>I understand if a hiring offer is extended, I may have to successfully pass a pre-employment drug screen depending on CAPWN policy and/or complete a health screening by a doctor/nurse selected by CAPWN to determine whether I can perform the job duties.</p> <p>I understand that this application is not a contract of employment. I also understand that if hired, regardless of any oral representation to the contrary, the employment relationship between myself and CAPWN is terminable at will so that both CAPWN and I remain free to choose to end our work relationship at any time for any or no reason. Any changes in this employment relationship must be made in writing.</p> <p>I understand that any false or misleading information provided in my application or at interview may result in my immediate discharge, if I am hired.</p> <p>I authorize CAPWN to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party with an interest that PCS deems appropriate. I also indemnify CAPWN against any liability which might result from giving out such information.</p> <p>I understand that I shall not hold a job with CAPWN while I or a member of my immediate family serves on the Board of Directors or Policy Council of CAPWN or delegate agencies.</p>				
_____ Signature of Applicant			_____ Date	

Employment Experience

Resume may be included but not substituted for this information.

Start with your present or last job. Include military assignments and volunteer activities.

Please indicate reason for extended breaks in employment history.

Employer:	Dates Employed		Work Performed
Address:	From	To	
Telephone (with area code)			
Job Title:	Hourly Rate/Salary		
	Start	Final	
Supervisor:			
Reason for leaving:			

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Education

Please list education or specialized experiences which relates to the position for which you are applying. You may exclude names or terms which indicate race, color, religion, sex, disability or national origin.

	Elementary	High School	College/University	Graduate/Professional
List School Name				
Circle Last Grade Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree		Yes No	Yes No	Yes No
Course of Study				
List Specialized Training, Skills, Apprenticeship, and Extra-Curricular Activities				

Licenses and Certificates**Special Skills**

List languages you can Speak: Read: Write:

Other skills:

Honors and Awards**References (3) DO NOT LIST RELATIVES**

Name	Address	Phone: Work	Home
Name	Address	Phone: Work	Home
Name	Address	Phone: Work	Home

Miscellaneous

How did you hear about this position: Newspaper Internet Workforce Development Friend/Relative
 CAPWN Website CAPWN Employee, who _____ Job Fair Other, describe

Equal Opportunity Statement

We consider applicants for all positions without regard for race, color, religion, creed, gender, national origin, ancestry, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Office Use Only
 Circle one:
 Not interviewed
 Interviewed not hired
 Hired

Revised 3/03

EQUAL EMPLOYMENT OPPORTUNITY (EEO) SELF-IDENTIFICATION FORM

Qualified applicants are considered for employment without regard to race, religion, sex, national origin, age, marital status, sexual orientation, veteran status, disability, or other protected characteristic.

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

This form will be kept in a confidential file separate from your application for employment.

Name (Last, First, MI): _____

Street Address: _____

City, State, Zip Code: _____

Position Applied For: _____ Date Applied: _____

Gender Identification (check one)

Female Male

Race/Ethnic Identification (check one):

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

If you did not check "Hispanic or Latino" above, please select one of the following race/ethnic identifications.

White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.

Decline self-identification

Veteran Status (check one)

Applicant's Signature

Date