

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

P.O. Box 2000, Akron, OH 44309-2000

[Redacted]

DATE [Redacted]

LAST NAME [Redacted] FIRST NAME [Redacted] MIDDLE NAME [Redacted] TELEPHONE# [Redacted]

STREET ADDRESS [Redacted] CITY [Redacted] STATE [Redacted] ZIP CODE [Redacted]

Community Action Akron Summit requires residency in Summit County within 12 months after employment.

EMAIL ADDRESS [Redacted] CAN WE TEXT YOU? YES NO

JOB(S) APPLIED FOR: 1. [Redacted] 2. [Redacted] 3. [Redacted]

SALARY REQUIREMENT: [Redacted] ARE YOU AVAILABLE TO WORK: FULL-TIME PART-TIME TEMPORARY

ARE YOU CURRENTLY ON LAY-OFF STATUS AND SUBJECT TO RECALL? YES NO WHAT DATE ARE YOU AVAILABLE FOR WORK? [Redacted] / [Redacted] / [Redacted]

HOW DID YOU LEARN ABOUT THE POSITION? [Redacted]

EDUCATIONAL BACKGROUND

TYPE OF SCHOOL	NAME & LOCATION OF SCHOOL OR COLLEGE	MAJOR COURSE OF STUDY	DID YOU GRADUATE?	DIPLOMAS & DEGREES
HIGH SCHOOL	[Redacted]	[Redacted]	<input type="radio"/> NO <input type="radio"/> YES	[Redacted]
COLLEGE	[Redacted]	[Redacted]	<input type="radio"/> NO <input type="radio"/> YES	[Redacted]
COLLEGE	[Redacted]	[Redacted]	<input type="radio"/> NO <input type="radio"/> YES	[Redacted]
CERTIFICATE(S)	[Redacted]	[Redacted]	[Redacted]	[Redacted]
OTHER	[Redacted]	[Redacted]	[Redacted]	[Redacted]

IF YOU NEED ADDITIONAL SPACE, SEE PAGE 5

HAVE YOU EVER SERVED IN THE MILITARY? YES NO

BRANCH [Redacted] TYPE OF DISCHARGE [Redacted]

ARE YOU A U.S. CITIZEN OR ELIGIBLE TO WORK IN THE UNITED STATES? YES NO
(Proof of Citizenship or Immigration Status Will Be Required Upon Employment)

HAVE YOU APPLIED TO COMMUNITY ACTION AKRON SUMMIT BEFORE? NO YES IF YES, WHEN: [Redacted]

HAVE YOU EVER BEEN EMPLOYED BY COMMUNITY ACTION AKRON SUMMIT BEFORE? NO YES IF YES WHEN AND WHERE:

DEPARTMENT [Redacted] EMPLOYMENT START DATE [Redacted] / [Redacted] / [Redacted] EMPLOYMENT END DATE [Redacted] / [Redacted] / [Redacted]

LIST RELATIVES CURRENTLY EMPLOYED BY COMMUNITY ACTION AKRON SUMMIT:

NAME	RELATIONSHIP	DEPARTMENT
[Redacted]	[Redacted]	[Redacted]

EMPLOYMENT HISTORY (LIST ALL EMPLOYERS)

LIST IN ORDER, MOST RECENT FIRST, ACCOUNTING FOR ALL PERIODS OF UNEMPLOYMENT ON PAGE 4

EMPLOYER		ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE		
JOB TITLE	DEPARTMENT		SUPERVISOR		
EMPLOYED FROM	EMPLOYED TO	<input type="radio"/> FULL-TIME	<input type="radio"/> PART-TIME	SALARY	PER
DUTIES					
REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT					

EMPLOYER		ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE		
JOB TITLE	DEPARTMENT		SUPERVISOR		
EMPLOYED FROM	EMPLOYED TO	<input type="radio"/> FULL-TIME	<input type="radio"/> PART-TIME	SALARY	PER
DUTIES					
REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT					

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CITY	STATE	ZIP CODE	TELEPHONE		
JOB TITLE	DEPARTMENT		SUPERVISOR		
EMPLOYED FROM	EMPLOYED TO	<input type="radio"/> FULL-TIME	<input type="radio"/> PART-TIME	SALARY	PER
DUTIES					
REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT					

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REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT					

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DUTIES					
REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT					

REFERENCES

MAY WE CONTACT YOUR CURRENT EMPLOYER? ? YES NO

((NOTE: Only previous employers will be contacted if you choose no, unless you are seriously being considered for employment.))

LIST THREE (3) PERSONAL REFERENCES. (DO NOT LIST RELATIVES.)

NAME	EMAIL	TELEPHONE	
ADDRESS	CITY	STATE	ZIP CODE
HOW ARE YOU ACQUAINTED WITH THIS PERSON?	LENGTH OF ACQUAINTANCE		

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HOW ARE YOU ACQUAINTED WITH THIS PERSON?	LENGTH OF ACQUAINTANCE		

APPLICANT'S STATEMENT *Please Read Carefully*

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to best of my knowledge. I also understand that any false information or significant omissions may disqualify me from further consideration for employment and/or may be considered just and sufficient cause for dismissal if discovered at a later date if I have been employed.

I understand that my employment is terminable-at-will, that I am not being employed for any specified time and that this application is not intended to be a contract for employment. I further acknowledge that all oral or written statements to the contrary are hereby expressly disavowed since no representative of the Company has any authority to enter into any agreement for employment or assure any employment except the Chief Executive Officer who may do so only in an expressed written agreement.

I acknowledge that I have been advised that this application will remain active for no more than six (6) months from the date it was made.

I authorize a thorough investigation of my past employment and activities, both criminal and civil, agree to cooperate in such investigation, and release all persons and companies requesting or supplying such information from liability or responsibility.

SIGNATURE OF APPLICANT	DATE
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NOTE: CA reserves the right not to consider and discard any application which is incomplete in any respect.

ADDITIONAL EDUCATION:

ADDITIONAL SKILLS/QUALIFICATIONS:

ADDITIONAL COMMENTS (EXPLANATION OF PERIODS OF UNEMPLOYMENT):

FOR COMPANY USE ONLY

INTERVIEWER	DATE	COMMENTS