



COMMUNITY ACTION, INC.
EMPLOYMENT APPLICATION
 Department of Administrative Services
 1000 SE Hancock, Topeka, KS 66607
 Phone: (785) 235-9561 Fax: (785) 235-9564

Dear Applicant: Community Action, Inc. is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

PERSONAL INFORMATION		
PLEASE PRINT USING A BALLPOINT PEN		
First Name	Last Name	Middle Initial
Address	City, State	Zip
Telephone Number(s)	E-mail Address	
Position You Are Applying For		Date of Application

EDUCATION					
TYPE OF SCHOOL	NAME, CITY AND STATE	MAJOR SUBJECT	CIRCLE LAST YEAR ATTENDED	GRADUATED (Check One)	DEGREE
HIGH SCHOOL/ GED			9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
GRADUATE SCHOOL			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
TRADE/VO-TECH SCHOOL			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

GENERAL INFORMATION			
Are you 18 years or older?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are under 18, can you provide required proof of your eligibility to work?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States? <i>(If offered employment, you will be required to provide documentation to verify eligibility.)</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application with us before? Is yes, give approximate date:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed with us before? If yes, give date(s) and position(s):			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'yes', may we contact your current employer for a reference?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you available to work: (circle one) Full-time Part-time Temporary			
Are you a former Head Start Student or former/current Head Start Parent?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
On what date would you be available to report to work if offered this position?			

EMPLOYMENT EXPERIENCE

1.		<i>Start with your present or most recent position. Complete all information for each position you have held</i>	
Name of Employer		Telephone Number () -	
Full Address (including street, city, state and zip)		Supervisor's Name	
Dates Employed	Mo Day Yr	Mo Day Yr	Rate of Pay Ending \$
Beginning Date	/ /	Ending Date	/ /
Position/Title:		Reason for Leaving:	
Describe the work performed.			
2.			
Name of Employer		Telephone Number () -	
Full Address (including street, city, state and zip)		Supervisor's Name	
Dates Employed	Mo Day Yr	Mo Day Yr	Rate of Pay Ending \$
Beginning Date	/ /	Ending Date	/ /
Position/Title:		Reason for Leaving:	
Describe the work performed.			
3.			
Name of Employer		Telephone Number () -	
Full Address (including street, city, state and zip)		Supervisor's Name	
Dates Employed	Mo Day Yr	Mo Day Yr	Rate of Pay Ending \$
Beginning Date	/ /	Ending Date	/ /
Position/Title:		Reason for Leaving:	
Describe the work performed.			
4.			
Name of Employer		Telephone Number () -	
Full Address (including street, city, state and zip)		Supervisor's Name	
Dates Employed	Mo Day Yr	Mo Day Yr	Rate of Pay Ending \$
Beginning Date	/ /	Ending Date	/ /
Position/Title:		Reason for Leaving:	
Describe the work performed.			

Note: Do not write, "See resume"—your application will not be considered as complete.

ADDITIONAL QUALIFICATIONS

Indicate any languages, other than English, you can read, write and speak.	
List professional, trade, business or civic activities and Offices held (<i>exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, physical disability, or other protected status information</i>).	
Please note any special courses, seminars and/or training that you have completed that would enable you to perform the position for which you are applying?	

State any additional information you feel may be helpful to us in considering your application.

REFERENCES

PROFESSIONAL	PERSONAL
1. Name _____ Address _____ City, State and Zip _____ Phone Number () _____	1. Name _____ Address _____ City, State and Zip _____ Phone Number () _____
2. Name _____ Address _____ City, State and Zip _____ Phone Number () _____	2. Name _____ Address _____ City, State and Zip _____ Phone Number () _____

Note: I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Community Action to verify their accuracy and to obtain reference information on my work performance. I hereby release Community Action from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

This application shall be considered 'active' for a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period make new application. If you are selected for interview, we will make reasonable attempts to contact you. If you cannot be contacted, or, you are not available for interview at the prescribed times, Community Action may not be able to reschedule and you will forfeit your interview opportunity. Community Action is an Employment at Will organization. False information may render your application and any subsequent employment with this organization invalid.

Applicant's Signature

Date