



**Please read the following instructions carefully prior to filling out this application.**

- 1. An application for employment is a legal document and you will be signing a statement at the end of the application that you are certifying that you completed it and that all of the entries contained in this application are true and complete to the best of your knowledge.**
- 2. Only applications that are fully completed will be considered for an interview. If it doesn't apply to you, please put N/A or none, etc.**
- 3. "See Resume" is NOT an acceptable answer.**
- 4. "See Attached Reference List" is NOT an acceptable answer.**
- 5. We rate all of our applications based on a number of criteria including but not limited to experience, education, skills, whether it is neat and complete. If it is not complete you WILL NOT BE CONSIDERED FOR AN INTERVIEW.**
- 6. You can fax or e-mail your application but you must follow up with mailing the original so that we have an original signed copy.**
- 7. All applications must be turned in or mailed to the following address:**

**Community Action Partnership of Greater St. Joseph  
817 Monterey  
P. O. Box 3068  
St. Joseph, MO 64503-3611  
Fax: 816-233-8262**

**COMMUNITY ACTION PARTNERSHIP OF GREATER ST. JOSEPH**  
**817 Monterey**  
**St. Joseph, MO 64503**  
**(816) 233-8281**

**APPLICATION FOR EMPLOYMENT**

**Only applications which are fully completed will be considered.**  
***("See Resume" is not an acceptable answer)***

**PERSONAL**

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT# \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

Position Applying for: \_\_\_\_\_

Current Pay Rate/Salary: \_\_\_\_\_ Pay Rate/Salary Expected: \_\_\_\_\_

Date available to start work: \_\_\_\_\_

Do you want to work? Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Temporary \_\_\_\_\_ Casual hours – as needed \_\_\_\_\_

Are you at least 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_

If under 18 years of age, can you produce a work permit upon hire? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever filed an application with us before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_

Have you ever been employed by Community Action Partnership? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when: \_\_\_\_\_ Under what name? \_\_\_\_\_

After reviewing the job description, is there anything which would interfere with your ability to satisfactorily perform the duties described in the description(s) of the job(s) for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of, pled guilty or no contest to, a felony, misdemeanor or ordinance violation other than a minor traffic violation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state the nature of offense and how resolved. \_\_\_\_\_

Are there any charges pending against you? Yes \_\_\_\_\_ No \_\_\_\_\_

\*A conviction record will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent permitted by applicable law.

Are you a past or present Head Start or Early Head Start Parent? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have reliable transportation? Yes \_\_\_\_\_ No \_\_\_\_\_ Is your vehicle insured? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a current driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_ Do you have a current chauffeur's license? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a current CDL license? Yes \_\_\_\_\_ No \_\_\_\_\_ Do you have a School Bus Permit? Yes \_\_\_\_\_ No \_\_\_\_\_

If hired, can you show proof of legal authorization to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_  
 (Proof of citizenship or immigration will be required)

Have you ever worked under a different name? Yes \_\_\_\_ No \_\_\_\_ If yes, name you worked under: \_\_\_\_\_

**EDUCATION**

TYPE	NAME OF SCHOOL	LOCATION (CITY, STATE)	LAST YEAR COMPLETED				DID YOU GRADUATE?	DEGREE /DIPLOMA/ GED/CERTIFICATE RECEIVED
			1	2	3	4		
HIGH SCHOOL							Yes No	
COLLEGE							Yes No	
OTHER EDUCATION							Yes No	
OTHER EDUCATION							Yes No	

Specialized skills and training (check all that apply)  
 PC \_\_\_\_\_ Copy Machine \_\_\_\_\_ Fax \_\_\_\_\_ Calculator \_\_\_\_\_  
 Software (list) \_\_\_\_\_ Other \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NOTE:** Community Action Partnership is a participant in the Profit in Education program. A copy of your high school transcript or GED certificate will be required; we will procure if hired. Additional transcripts, professional certificates, degrees and diplomas will also be procured if hired.

Volunteer experience (community, church, clubs)

List apprenticeship, skills, and extra-curricular activities:

What languages do you speak, read, or write fluently? \_\_\_\_\_

Are you listed on the Family Care Safety Registry in any state? Yes \_\_\_\_ No \_\_\_\_ If yes, which state? \_\_\_\_\_

Are you now, or within the past thirty days, have you been a voting member of a major policy making group of Community Action Partnership of Greater St. Joseph? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have relatives currently employed by Community Action Partnership of Greater St. Joseph or on the Board of Directors or Policy Council? Yes \_\_\_\_ No \_\_\_\_\_

**EMPLOYMENT HISTORY**

Name of Employer _____	Supervisor _____
Address _____	Dates of Employment _____ to _____
City, State Zip _____	Type of Business _____
Phone Number _____	Reason for leaving _____

Name of Employer _____	Supervisor _____
Address _____	Dates of Employment _____ to _____
City, State Zip _____	Type of Business _____
Phone Number _____	Reason for leaving _____

Name of Employer _____	Supervisor _____
Address _____	Dates of Employment _____ to _____
City, State Zip _____	Type of Business _____
Phone Number _____	Reason for leaving _____

**PERSONAL REFERENCES**

List references other than those listed as a current or former employer (*please do not list former employers or relatives*):

- Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship to you \_\_\_\_\_  
City, State Zip \_\_\_\_\_ Good time to contact: \_\_\_\_\_
- Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship to you \_\_\_\_\_  
City, State Zip \_\_\_\_\_ Good time to contact: \_\_\_\_\_
- Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship to you \_\_\_\_\_  
City, State Zip \_\_\_\_\_ Good time to contact: \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I certify this application was completed by me and the entries contained in this application are true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts requested on this application may be grounds for refusal of this application/employment or dismissal from employment if subsequently discovered.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize an inquiry which may provide information background concerning my character, general reputation, and past work performance. I hereby authorize Community Action Partnership of Greater St. Joseph to inquire, and also authorize the request of each former employer, educational institution, persons, credit bureaus, governmental and law enforcement agencies to answer all questions which may be legally asked, and to release all information which may be legally sought, except my current employer if so noted. I hereby release all parties from any liability or responsibility for doing so.

I understand and agree that this employer follows an “employment at will” policy, and if hired, my employment is for no definite period, in that I or the employer may terminate my employment at any time, or for any reason without notice consistent with applicable state or federal law. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for two (2) years; after that time, if I wish to be considered for employment, I must submit a new application.

If hired, I agree to comply with all rules, regulations, and employment policies of Community Action Partnership of Greater St. Joseph.

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONSENT TO TEST FOR ILLEGAL DRUGS**

I, \_\_\_\_\_, hereby give my consent to Community Action Partnership of Greater St. Joseph and its agents or independent contractors, to perform appropriate tests or examinations on me for alcohol, illegal drugs, and/or other pre-employment tests, with the results of these tests or examinations to be released to the Director of Human Resources of Community Action Partnership, for whatever use it deems fair and appropriate under the circumstances.

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Community Action Partnership is an Equal Opportunity/Affirmative Action Employer**  
**Our vision is “A World Free of Poverty”**

**Employment History Form**  
(Complete one of these forms for each position)

Name of Employer: \_\_\_\_\_ May we contact this employer? \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Job Title: \_\_\_\_\_

My Job Duties Were: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

My major accomplishments were: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

My major failures/mistakes were: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I liked the following about this job: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I did not like the following about the job: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Did you resign from this position? \_\_\_\_\_ If yes, why? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Were you fired from this position? \_\_\_\_\_ If yes, why? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PAST SUPERVISOR INFORMATION**

For this job, my immediate Supervisor's name was: \_\_\_\_\_

His/her job title was: \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

When we contact this person **what** will they tell us about your strengths? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

When we contact this person, **what** will they tell us about your attendance and punctuality record? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

When we contact this person, **what** will they tell us about your overall performance? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Employment History Form**  
(Complete one of these forms for each position)

Name of Employer: \_\_\_\_\_ May we contact this employer? \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Job Title: \_\_\_\_\_

My Job Duties Were: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My major accomplishments were: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My major failures/mistakes were: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I liked the following about this job: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I did not like the following about the job: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did you resign from this position? \_\_\_\_\_ If yes, why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were you fired from this position? \_\_\_\_\_ If yes, why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PAST SUPERVISOR INFORMATION**

For this job, my immediate Supervisor's name was: \_\_\_\_\_

His/her job title was: \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

When we contact this person **what** will they tell us about your strengths? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When we contact this person, **what** will they tell us about your attendance and punctuality record? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When we contact this person, **what** will they tell us about your overall performance? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employment History Form**  
(Complete one of these forms for each position)

Name of Employer: \_\_\_\_\_ May we contact this employer? \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Job Title: \_\_\_\_\_

My Job Duties Were: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My major accomplishments were: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My major failures/mistakes were: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I liked the following about this job: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I did not like the following about the job: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did you resign from this position? \_\_\_\_\_ If yes, why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were you fired from this position? \_\_\_\_\_ If yes, why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PAST SUPERVISOR INFORMATION**

For this job, my immediate Supervisor's name was: \_\_\_\_\_

His/her job title was: \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

When we contact this person **what** will they tell us about your strengths? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When we contact this person, **what** will they tell us about your attendance and punctuality record? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When we contact this person, **what** will they tell us about your overall performance? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_