



Central NE Community Action Partnership, Inc.

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3286 53rd Ave. • Columbus, NE 68601 • (402) 564-1124
www.centralnebraskacap.com

APPLICATION FOR EMPLOYMENT

(Please Type or Use Ink)

Central Nebraska Community Action Partnership, Inc. is a non-profit Community Action Agency that assures equal employment opportunities to applicants and employees in all aspects of human resource administration without regard to race, color, religion, national origin, age, sex, sexual orientation, marital status, disability, or veteran status.

PERSONAL INFORMATION (please use name on Social Security Card)

Last		First		MI	Email		
Mailing Address					City	State	Zip
Cell Phone	May we text you? <input type="checkbox"/> yes <input type="checkbox"/> no		Alternate Phone		Date Available for Work		
What position are you applying for?					Type of Work Desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		

ADDITIONAL INFORMATION

Best time to contact you is:..... :..... AM
PM

What is your minimum salary requirement? \$.....

Are you 18 years of age or older? Yes No

Have you ever filed an application with CNCAP before? Yes No
If Yes, give date/s:.....

Have you ever been employed with CNCAP before:..... Yes No
If Yes, give date/s:.....

Are you related to any current employee or CNCAP board member? Yes No

Are you currently employed?..... Yes No

Do you have a current driver's license? Yes No
If Yes, what state is it from?.....

Do you have a CDL? Yes No
If Yes, what type?.....

If selected for employment are you willing to submit to a background check?..... Yes No

Are you legally able to work in the United States? Yes No

SKILLS & QUALIFICATIONS

Types of computers, software, and other equipment you are qualified to operate or repair:

Professional licenses, certifications or registrations:

Additional skills, including supervision skills, other languages or information regarding the career/occupation you wish to bring to CNCAP's attention:

EDUCATION

Please list education or specialized experience, which relates to the position(s) for which you are applying. You may exclude names or terms, which indicate, for example, race, color, religions, sex, disability, or national origin.

	School Name	Years Completed	Diplomas/Degrees	Course of Study
High School		9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>		
University/College		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		
Graduate School		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		

Are you planning to further your education? Yes No If Yes, when?

Military Service	Dates of Active Duty From/To:	Branch of Service
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EMPLOYMENT HISTORY

List most recent employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here. No more than 10 years history recommended.

Employer name and address: _____ _____ _____ Pay: \$ _____ Per: _____	Position title/duties, skills: Supervisor: _____ Phone: _____	Start date: _____	End date: _____
		Reason for leaving: _____	
		May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no	
Employer name and address: _____ _____ _____ Pay: \$ _____ Per: _____	Position title/duties, skills: Supervisor: _____ Phone: _____	Start date: _____	End date: _____
		Reason for leaving: _____	
		May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no	
Employer name and address: _____ _____ _____ Pay: \$ _____ Per: _____	Position title/duties, skills: Supervisor: _____ Phone: _____	Start date: _____	End date: _____
		Reason for leaving: _____	
		May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no	

REFERENCES

List three references who are not relatives or former supervisors.

1) Name: _____ Address: _____
Phone: _____ Email: _____ Occupation _____ Years known _____

2) Name: _____ Address: _____
Phone: _____ Email: _____ Occupation _____ Years known _____

3) Name: _____ Address: _____
Phone: _____ Email: _____ Occupation _____ Years known _____

Please read before signing:

By signing, I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I am aware that should investigation at any time disclose any such misrepresentation or falsification my application will be rejected, I will be dismissed from service, and I will be disqualified from applying in the future for any position under the jurisdiction of CNCAP. I understand if I am extended an offer of employment it may be conditioned upon my successfully passing a background check.

Signature

Date