



# Project NOW

## Community Action Agency



### APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, religion, age, sex, national origin, marital or veteran status, the presence of non-job related medical condition or handicap, or any other legally protected status.

#### I. General Information

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (other): \_\_\_\_\_

Position Applying For: \_\_\_\_\_

Date Available for Employment: \_\_\_\_\_

Type of Employment you are looking for (please check at least one):

- Full Time
- Part Time
- Temporary

Have you worked at Project NOW before?  Yes  No

If Yes, please provide position title(s): \_\_\_\_\_

Date Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Indicate your citizen status:  U.S. Citizen  Permanent Resident Alien  Non-immigrant Alien

If Alien, Registration Number: \_\_\_\_\_ Visa Type: \_\_\_\_\_

Have you ever been convicted of a felony:  Yes  NO (Conviction will not necessarily disqualify you from employment)

If Yes, Please Explain: \_\_\_\_\_

Please list any relative(s) and their relationship to you who is/are currently employed with Project NOW:

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

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Are you currently on lay-off and subject to recall? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a valid driver's license?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have an automobile for work use?             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have liability insurance?                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can you travel overnight?                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Other than English, what languages do you read? \_\_\_\_\_

Write? \_\_\_\_\_ Speak? \_\_\_\_\_



## Employment History

Please list the positions that you have held, starting with your most recent position. Under "duties" describe your job in sufficient detail so that your tasks and level of responsibility can be determined. Attach a separate sheet for more detail, if needed.

1. Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Your Job Title: \_\_\_\_\_  
Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Ending Wage: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
May we contact this employer?  Yes  No

2. Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Your Job Title: \_\_\_\_\_  
Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Ending Wage: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
May we contact this employer?  Yes  No

3. Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Your Job Title: \_\_\_\_\_  
Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Ending Wage: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
May we contact this employer?  Yes  No

**IV. Professional References** (no relatives please)

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
How Known: \_\_\_\_\_ How Long Known: \_\_\_\_\_
  
2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
How Known: \_\_\_\_\_ How Long Known: \_\_\_\_\_
  
3. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
How Known: \_\_\_\_\_ How Long Known: \_\_\_\_\_

**V. Other**

Please indicate any additional information which you feel may be helpful in determining your eligibility for employment:

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In case of emergency, Notify: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of one year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and the employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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Signature of Applicant

Date