



# APPLICATION FOR EMPLOYMENT

An equal opportunity employer. An affirmative action employer.

Please print plainly

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Street City State Zip

Telephone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Are you legally eligible for employment in the United States of America (circle one) Yes No

|                         |  |
|-------------------------|--|
| Full Time               | Type of work or position desired:                            |
| Part Time               | Were you ever employed at the CAC before (circle one) Yes No |
| Earliest date available |  |

## RECORD OF EDUCATION

| School                           | Name and address of school | Course of study | Check last year completed | Did you graduate?      | List diploma or degree |
|----------------------------------|----------------------------|-----------------|---------------------------|------------------------|------------------------|
| Elementary and/or High School    |                            |                 | 9 10 11 12                | Yes No                 |                        |
| College                          |                            |                 | 1 2 3 4                   | Yes No<br>Grade Point: |                        |
| College                          |                            |                 | 1 2 3 4                   | Yes No<br>Grade Point: |                        |
| Post Graduate or Other (Specify) |                            |                 | 1 2 3 4                   | Yes No<br>Grade Point: |                        |

Other training received ( i.e., training course, workshops, special courses, armed services training, etc.) relative to the position in which you are applying. Please estimate the number of hours of training received.

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

## EMPLOYMENT HISTORY

List below all present and past employers, beginning with your most recent. Please be thorough. If you need additional space, attach a separate sheet with the same required information.

|                             |                                  |  |
|-----------------------------|----------------------------------|--|
| I.                          | Name of Last or Present Employer | Description of Duties and Responsibilities |
|                             | Address City, State, Zip         |  |
|                             | Month/Year Started               |  |
| Supervisor's Name and Title | Phone                            | Reason for Leaving                         |

|                             |                                  |  |
|-----------------------------|----------------------------------|--|
| II.                         | Name of Last or Present Employer | Description of Duties and Responsibilities |
|                             | Address City, State, Zip         |  |
|                             | Month/Year Started               |  |
| Supervisor's Name and Title | Phone                            | Reason for Leaving                         |

|                             |                                  |  |
|-----------------------------|----------------------------------|--|
| III.                        | Name of Last or Present Employer | Description of Duties and Responsibilities |
|                             | Address City, State, Zip         |  |
|                             | Month/Year Started               |  |
| Supervisor's Name and Title | Phone                            | Reason for Leaving                         |

|                             |                                  |  |
|-----------------------------|----------------------------------|--|
| IV.                         | Name of Last or Present Employer | Description of Duties and Responsibilities |
|                             | Address City, State, Zip         |  |
|                             | Month/Year Started               |  |
| Supervisor's Name and Title | Phone                            | Reason for Leaving                         |

May we contact the employers listed above? \_\_\_\_\_  
 If not, indicate by number the one(s) you do not wish us to contact \_\_\_\_\_

Are you 18 years of age or older? \_\_\_\_\_

Length of experience (all employers) similar to position applied for: Years \_\_\_\_\_ Months \_\_\_\_\_

Do you have a valid Minnesota Driver's License? \_\_\_\_\_ Class \_\_\_\_\_

Any restrictions? \_\_\_\_\_

## HAVE WE MISSED SOMETHING IMPORTANT?

Please use the space below to indicate any volunteer work, internships, special skills, interests or qualifications that may be helpful to us in evaluating your suitability/qualifications for the job.

---

---

---

A record of criminal conviction is not an automatic bar to employment. We will consider the nature of the conviction in relation to the job at issue, the amount of time since conviction, employment history and all other relevant facts and circumstances in making the hiring decision.

Have you ever been convicted of a felony? \_\_\_\_\_ Is yes, explain: \_\_\_\_\_

## PROFESSIONAL REFERENCES

List three persons who are not related to you who would have knowledge of your qualifications for the position for which you are applying such as present and/or former co-workers, teachers, etc. Do not repeat names of supervisors listed under employment history.

| Name and Occupation | Years Known | Address, City, State | Phone Number<br>(Work or Home) |
|---------------------|-------------|----------------------|--------------------------------|
|                     |             |                      |                                |
|                     |             |                      |                                |
|                     |             |                      |                                |

I am seeking employment with the Community Action Center of Northfield because: \_\_\_\_\_

---

Career goals and aspirations: \_\_\_\_\_

---

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if I am employed, falsified statements on this application shall be considered sufficient cause for dismissal.

I understand that acceptance of employment does not create a contractual obligation for the Community Action Center of Northfield to continue to employ me in the future.

I also understand that my employment with the Community Action Center of Northfield is of an at-will nature. I am free to leave the Community Action Center of Northfield at any time and the Community Action Center of Northfield is free to terminate me at any time.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_