



## SOUTH CENTRAL COMMUNITY ACTION PROGRAM, INC. APPLICATION FOR EMPLOYMENT

South Central Community Action Program, Inc. ("SCCAP") is an equal employment opportunity employer dedicated to a policy of nondiscrimination in employment based upon an individual's race, color, creed, religion, age, sex, national origin, ancestry, marital status, and sexual orientation, the presence of any disability, or other protected characteristics. In reading and answering the following questions, please keep in mind that none of the questions are intended to imply any limitations, illegal preferences, or discrimination based upon any non-job-related information. This application will be given consideration and will be kept on file for up to 6 months, but its receipt does not imply that the applicant will be interviewed or employed. Please contact our office and ask to speak to Kate Scales, Human Resources Manager, at 812-339-3447, ext. 204 if you need an accommodation to participate in the application process, or if you feel, you have been discriminated against.

### An Equal Employment Opportunity Employer

Position applying for:

Date available to start work:

Full-Time  Part-Time Number of hours available per week:

Where did you learn about this position?

### Personal Data

Name:

First Middle Initial Last

Address:

City: State: Zip Code:

Daytime phone at which you can be reached: Evening phone at which you can be reached:

Area Code

Area Code

Best time to contact you: What is your desired salary range?

Are you 18 years or older?  Yes  No

(Only answer if applying for a Bus Driver Position) Are you 21 years or older?  Yes  No

1. Have you ever applied for a job with SCCAP in the past? If yes, please give the date of application and the position for which you applied. State your name at that time, if different from present name.  Yes  No
2. Have you ever been employed by SCCAP in the past? If yes, please give dates of employment, position held, and your name while employed if different from present name.  Yes  No
3. If hired, will you be able to work during the normal days and hours required for the position(s) for which you are applying? (See attached job description.) If no, please explain:  Yes  No
4. Do you have any commitments to another employer that might affect your availability for employment with SCCAP? If yes, please explain:  Yes  No
5. Are you on a layoff and subject to recall at another employer?  Yes  No
6. If hired, can you furnish proof that you are 18 years of age, or if under 18, do you have a work permit? If no, please explain:  Yes  No
7. If hired, can you furnish proof that you are eligible to work in the United States? (If unsure of the documents needed to prove eligibility to work in the United States, we will be happy to explain the legal requirements.) If no, please explain:  Yes  No
8. Do you now, or will you in the future, require SCCAP to sponsor an employment visa for your continued employment?  Yes  No
9. Have you ever been convicted of a felony or misdemeanor? This does not include minor traffic violations. If yes, please explain: Note: a yes answer does not automatically disqualify you from employment since the nature of the offense, date, and type of job for which you are applying for will be considered.  Yes  No
10. Are you charged with an unresolved criminal charge (have you been charged with a crime that has not yet resulted in a plea of guilty, court trial, or dropping of the charge)? If yes, please explain: Note: a yes answer will not automatically disqualify you from employment.  Yes  No
11. Can you travel if a job requires it?  Yes  No
12. Why did you apply for a position here at South Central Community Action Program, Inc.?
13. Why do you think you would make a valuable employee to South Central Community Action Program, Inc.?

**EDUCATIONAL DATA**

<b>Schools Attended</b>	<b>Name of School and Location</b>	<b>Did you graduate? Yes or No</b>	<b>Degree/ Diploma/ Certificate</b>	<b>Major Course of Study</b>
High School				
Technical Vocational Business or Military Training				
College or University				
Graduate School				
Professional Seminars				

Additional Job-Related seminars, short courses, workshops, or other educational experiences:

Job-Related certificates, licenses, equipment qualified to operate, computer hardware and software operated, and other Job-Related special skills and abilities:

Please add any additional information (except that which identifies your race, sex, age, religion, national origin, disability or other non-job-related personal information) that you think may be relevant to a decision to hire you.

Have you ever been discharged, permitted to resign rather than be discharged, or asked to resign from any position? If yes, please state the employer, and the reason for the discharge or resignation.

Yes  No

## Employment History

Present and Former Employers

List Present or Most Recent Employer First - *Please complete even if a resume is attached.*

<b>Company Name:</b>	<b>Dates Employed</b>	<b>Work Performed</b>
Address:	From:	
City, State, Zip	To:	
Telephone Number(s)	<b>Hourly Rate/Salary</b>	
Starting/Present Job Title	Starting:	_____
Supervisor's Name:	Final:	
Reason for Leaving <input type="checkbox"/> Discharged <input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Involuntary Resignation	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Company Name:</b>	<b>Dates Employed</b>	<b>Work Performed</b>
Address:	From:	
City, State, Zip	To:	
Telephone Number(s)	<b>Hourly Rate/Salary</b>	
Starting/Present Job Title	Starting:	_____
Supervisor's Name:	Final:	
Reason for Leaving <input type="checkbox"/> Discharged <input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Involuntary Resignation	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Company Name:</b>	<b>Dates Employed</b>	<b>Work Performed</b>
Address:	From:	
City, State, Zip	To:	
Telephone Number(s)	<b>Hourly Rate/Salary</b>	
Starting/Present Job Title	Starting:	_____
Supervisor's Name:	Final:	
Reason for Leaving <input type="checkbox"/> Discharged <input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Involuntary Resignation	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If you were unable to list all past jobs on this form, please use an additional sheet.</b>		

**References-List Three Business Related Individuals (Please no family members)**

NAME	Phone Number	Address	Occupation
1.			
2.			
3.			

OTHER JOB-RELATED EXPERIENCE: Some people gain job-related experiences in positions other than as an employer. For instance, an accountant may gain experience as a treasurer of a civic or school organization, or a manager may gain experience while working on civic projects, in school organizations, or in PTA activities. Please list and describe any paid or unpaid activities, honors, experience, or training that might aid you in performing the job(s) for which you have applied, and have not listed previously in this application. (You may omit any activities, honors, memberships, or other items that tend to identify your race, sex, national origin, age, disability or other personal traits that you prefer not to disclose.)

**IMPORTANT**

PLEASE READ CAREFULLY AND INTIAL EACH PARAGRAPH BEFORE SIGNING

Initials

\_\_\_\_\_ By signature and initials, I promise that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information, misrepresentation, or material omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment by SCCAP if discovered at a later date. I agree to immediately notify SCCAP if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust while my job application is pending or during my period of employment, if hired.

\_\_\_\_\_ I authorize any person, school, current employer (except as previously noted), past employers, government or investigative agencies, and other organizations that may be named in this application form (and accompanying resume, if any) to provide the company with relevant information and opinion that may be useful to SCCAP in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements.

\_\_\_\_\_ I understand that an employer that discloses information about a current or former employee is immune from civil liability for the disclosure and the consequences proximately caused by the disclosure unless it is proven by a preponderance of the evidence that the information disclosed was known to be false at the time the disclosure was made. (Ind. Code 22-5-3-1-b)

\_\_\_\_\_ I authorize SCCAP to obtain the following information in connection with my application for employment, or, if hired, at any time during my employment: criminal and/or motor vehicle records, employment records, or educational records. I acknowledge that SCCAP has informed me that it may make use of this information in evaluating my application for employment, and in SCCAP decisions regarding hiring, compensation, promotion, reassignment, retention, and other terms of my employment at SCCAP. I authorize SCCAP to make use of the above-referenced information and waive any claim against SCCAP for using such information in good faith.

\_\_\_\_\_ I understand that if employed and my employment is terminated by SCCAP for dishonesty, breech of trust, or any criminal acts, the authorities may be notified and I may be criminally prosecuted.

\_\_\_\_\_ I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, my employment is no definite period of time, and may, regardless of the date of payment of my wages or salary, be terminated at any time.

Applicants Signature:

Date:

Revised 12-2008