

Ashtabula County Community Action Agency
APPLICATION FOR EMPLOYMENT

Applicants may request reasonable accommodation in the application/interview process.

PLEASE PRINT

NAME:	_____		
ADDRESS:	_____		
TELEPHONE:	_____	Are you 21 years or older?	Yes No
APPLICATION DATE:	_____		
ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES?	Yes	No	

PERSONAL DATA

Position(s) desired: _____ Full-time Part-time

Date available to start: _____ Salary desired: _____

How did you hear about this job? _____

Have you previously applied for a job with the ACCAA? Yes No When? _____

Have you ever been employed by the ACCAA? Yes No When? _____

Reason for leaving: _____

Are you related to anyone employed by the ACCAA? Yes No

If yes, state name and relationship: _____

Are you a Head Start Parent? Yes No

Do you have any time commitments that might interfere with your employment? (e.g., subject to recall, military, school, other employment)

Yes No

If yes, please explain:

Are you able to perform the essential functions of the job(s) for which you are applying with or without reasonable accommodation?
(Should there be a question, please refer to the job description.) Yes No

If no, please explain:

Have you ever been dismissed from or asked to resign from any employment position? Yes No

If yes, please explain:

Have you ever been convicted of a crime (felony or misdemeanor) other than a minor traffic violation? Yes No

If yes, please explain:

NOTE: A conviction will not necessarily be a bar to employment. Factors such as date, nature and number of offenses, age at the time of offense and rehabilitation will be considered.

Do you have a valid Ohio driver's license? Yes No
 Do you have a valid Ohio commercial driver's license? Yes No
 Have you been arrested for any traffic-related incidents? Yes No
 Has your driver's license been suspended or revoked with the last three (3) years? Yes No
 Have you had your auto insurance rejected, cancelled, or been in a high-risk insurance program? Yes No
 Have you been involved in any accident, either at fault or not at fault? Yes No
 Have you had any traffic violations in the past three (3) years? Yes No

If yes, please list:

OFFENSE

APPROXIMATE DATE/YEAR

If employed, why do you wish to leave your present employer?

May we contact your present employer for a reference? Yes No

Employer's name and address (if not included elsewhere in this application):

Describe briefly the type of work that you are best qualified to do by reason of background, education, previous employment or training, and tell why you feel qualified for the position(s) for which you are applying:

EDUCATIONAL DATA

NAME OF SCHOOL OR COLLEGE	LOCATION CITY, STATE, ZIP	MAJOR SUBJECT/ DEGREE	SCHOLASTIC AVERAGE	DID YOU GRADUATE?
High School:				Yes No
College Or University:				Yes No
Other Schools Attended:				Yes No
Other (Courses, Special Training, Etc.):				Yes No

Honors received:

EMPLOYMENT DATA

List all previous employment for the last ten (10) years in chronological order – last position or current employer first – including U.S. Military, if applicable. Attach additional pages if needed and resume if desired.

Employer:		Telephone:
Address:		Final Salary:
Dates Employed From: To:	Positions held:	Supervisor:
Reason for Leaving:		

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Address:		Final Salary:
Dates Employed From: To:	Positions held:	Supervisor:
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Address:		Final Salary:
Dates Employed From: To:	Positions held:	Supervisor:
Reason for Leaving:		

PERSONAL REFERENCES OTHER THAN RELATIVES AND FORMER EMPLOYERS

NAME	ADDRESS AND TELEPHONE	OCCUPATION
1.		
2.		
3.		

Applicants for employment with the ACCAA are evaluated and selected on the basis of individual merit and ability with respect to the position being filled. Applicants are selected and hired without consideration of race, color, religion, sex, age, national origin, political affiliation, sexual orientation, disability or ancestry.

CERTIFICATION

I certify that all information contained in this application is true, complete and correct to the best of my knowledge. I understand that any material omission, misrepresentation or falsification of this information is grounds for dismissal from or refusal of employment. I hereby authorize the investigation of all statements contained in this application and give permission to contact all or any of my previous employers, references and/or schools for information unless otherwise noted in this document, including permission to obtain information related to my prior work history. I also give my consent to contact the Bureau of Motor Vehicles for a Moving Vehicle Violation Report if such information is required to perform the duties of the position. I agree to submit to a post-offer, pre-employment medical examination at the ACCAA's expense, which might include drug/alcohol test. I understand that my employment is contingent upon successful completion of the post-offer medical exam and passing the drug/alcohol test, if applicable. I also agree to submit to reasonable suspicion drug tests, according to ACCAA policy, as a condition of continuing employment. I indemnify and hold harmless all persons either providing or receiving information, verbal or written, pursuant to this application.

I agree that any claim or lawsuit relating to my service with ACCAA or any of its subsidiaries must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

If you are hired, this employment application will become part of your official employment record.

APPLICANT'S SIGNATURE

DATE

Ashtabula County Community Action Agency
P.O. Box 2610
Ashtabula, Ohio 44005-2610
(440) 997-1721
Fax (440) 992-3319