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| **COASTAL PLAIN AREA EOA, INC.** **Employment Application** | | | | | | |
| **Personal Information** | | | | | | |
| Name (Last, First, MI) | | | | | | |
| Street address | | | | | | |
| City, State, and Zip Code | | | | | | |
| Telephone | Alternate Phone | | Email Address | | | |
| **Employment Desired** | | | | | | |
| Position applied for: 🞏Teacher 🞏Teacher Assistant 🞏Substitute Teacher  🞏 Family Health Advocate 🞏Center Supervisor 🞏CDL Bus Driver  🞏Floater 🞏Cook 🞏Custodian  🞏Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| How did you hear about this position? | | | | | | |
| I am seeking a: | | 🞏Full-time job | | | 🞏Part-time job | 🞏Full or Part-time |
| How many hours can you work weekly? | | | Date available for work? | | | |
| **Skills** | | | | | | |
| Identify formal job training:  (Check all that apply) | | | 🞏 Teacher 🞏 Substitute Teacher | | | |
| 🞏 Teacher Assistant 🞏 Paraprofessional | | | |
| 🞏 Child Care Provider (i.e., day care center, in-home, etc.) | | | |
| 🞏 Other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 Other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Identify what skills or certification you possess: (Check all that apply) | | | 🞏 Microsoft Word 🞏 Typing \_\_\_\_\_\_\_\_ wpm | | | |
| 🞏 Microsoft Excel 🞏 Microsoft Outlook | | | |
| 🞏 Other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 🞏 Other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| List any professional, trade, business or civic activities and offices held. You may exclude membership that would reveal gender, race, religion, national origin, ancestry, age, disability or any other protected status. | | |  | | | |
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| List any languages other than English that you speak, read or write that could be of benefit to the position applied for: | | | | | | |
|  | | Fluent | | Good | | Fair |
| Speak | |  | |  | |  |
| Read | |  | |  | |  |
| Write | |  | |  | |  |

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| Additional Information | | | | | |
| Have you ever been employed by this organization in the past? | | | 🞏 Yes | | 🞏 No |
| Do you have any friends or relatives employed by this company? If Yes, please provide their names and relationship to you: | | | 🞏 Yes | | 🞏 No |
| I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States. | | | 🞏 Yes | | 🞏 No |
| If you are under 18 years of age, can you provide proof of your eligibility to work? | | | 🞏 Yes | | 🞏 No |
| Have you been convicted of a felony? 🞏 Yes 🞏 No If yes, explain: | | | | | |
| **Education** | | | | | |
|  | Name and Address of School | Years  Completed | Major | | Degree or  Diploma |
|
| High  School |  |  |  | | 🞏 HS Diploma  🞏 GED |
|
| Undergraduate  College |  |  |  | | 🞏 AA 🞏 AAS  🞏 AS 🞏 AECE  🞏 ABS 🞏AOS  🞏 Other: \_\_\_\_\_\_\_ |
|
|
| Graduate/  Professional |  |  |  | | 🞏 BA 🞏BS  🞏 MA 🞏MS  🞏 Other: \_\_\_\_\_\_\_ |
|
| Business/  Technical |  |  |  | | 🞏 CDA  🞏 Other:\_\_\_\_\_\_\_\_  🞏 Other: \_\_\_\_\_\_\_ |
|
| Have you completed any Early Childhood Education courses? 🞏 Yes 🞏 No | | | | If yes, how many?\_\_\_\_\_\_ | |
| List any seminars, classes or other education not listed above which may help qualify you for this position | | | | | |
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| **Employment History** | | | | | | | | | | |
| List below all present and past employers over the **past ten (10) years**, starting with your **most recent** employer. Account for all periods of unemployment. You must complete this section even if attaching a resume. **(All Fields Require Information; No Blanks)**  May we contact your current employer?  YES  NO | | | | | | | | | | |
| **1.** | Employer (current  Yes  No) | | | | Start Date | | End  Date | | Essential job functions of final position | |
| Address | | | |  | |  | | 1. | |
| City, State, Zip | | | | Starting  Salary | | Ending  Salary | | 2. | |
| Phone number | | | |  | |  | | 3. | |
| Fax number | | Supervisor(s) | | | | | | 4. | |
| Job position(s) | | E-mail address of supervisor | | | | | |  | |
| Reason(s) for leaving | | | | | | | | | |
| May we contact this employer? 🞏 Yes 🞏 No | | | | | | | | | | |
| **2.** | Employer | | | | StartDate | | EndDate | | Essential job functions of final position | |
| Address | | | |  | |  | | 1. | |
|  | City, State, Zip | | | | Starting Salary | | Ending Salary | | 2. | |
|  | Phone number | | | |  | |  | | 3. | |
|  | Fax number | | Supervisor(s) | | | | | | 4. | |
|  | Job position(s) | | E-mail address of supervisor | | | | | |  | |
|  | Reason(s) for leaving | | | | | | | | | |
| May we contact this employer? 🞏 Yes 🞏 No | | | | | | | | | | | | |
| **3.** | | | Employer | | | | Start Date | | End  Date | | Essential job functions of final position | |
| Address | | | |  | |  | | 1. | |
| City, State, Zip | | | | Starting  Salary | | Ending  Salary | | 2. | |
| Phone number | | | |  | |  | | 3. | |
| Fax number | | Supervisor(s) | | | | | | 4. | |
| Job position(s) | | E-mail address of supervisor | | | | | |  | |
| Reason(s) for leaving | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- |
| May we contact this employer? 🞏 Yes 🞏 No | | | | | |
| **4.** | Employer | | StartDate | EndDate | Essential job functions of final position |
| Address | |  |  | 1. |
|  | City, State, Zip | | Starting Salary | Ending Salary | 2. |
|  | Phone number | |  |  | 3. |
|  | Fax number | Supervisor(s) | | | 4. |
|  | Job position(s) | E-mail address of supervisor | | |  |
|  | Reason(s) for leaving | | | | |
| May we contact this employer? 🞏 Yes 🞏 No | | | | | |
| **5.** | Employer | | Start Date | End  Date | Essential job functions of final position |
| Address | |  |  | 1. |
| City, State, Zip | | Starting  Salary | Ending  Salary | 2. |
| Phone number | |  |  | 3. |
| Fax number | Supervisor | | | 4. |
| Job position(s) | E-mail address of supervisor | | |  |
| Reason(s) for leaving | | | | |
| May we contact this employer? 🞏 Yes 🞏 No | | | | | |
| **6.** | Employer | | StartDate | EndDate | Essential job functions of final position |
| Address | |  |  | 1. |
|  | City, State, Zip | | Starting Salary | Ending Salary | 2. |
|  | Phone number | |  |  | 3. |
|  | Fax number | Supervisor | | | 4. |
|  | Job position(s) | E-mail address of supervisor | | |  |
|  | Reason(s) for leaving | | | | |

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| **References** | | | |
| List below three persons ***not related*** to you who have knowledge of your work performance within the last 5 years | | | |
| Name | | | Occupation |
| Company name | Address | | |
| Telephone | E-mail | Relationship & years acquainted | |
|  |  |  | |
| Name | | | Occupation |
| Company name | Address | | |
| Telephone | E-mail | | Relationship & years acquainted |
|  |  | |  |
| Name | | | Occupation |
| Company name | Address | | |
| Telephone | E-mail | Relationship & years acquainted | |
| **Questionnaire** | | | |
| 1. If you are hired, what value would you add to Coastal Plain Area EOA, Inc.? | | | |
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| 1. What are the most unique features of your work history? | | | |
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**APPLICANT'S CERTIFICATION AND AGREEMENT**

 I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Coastal Plain Area Economic Opportunity Authority, Inc. to verify their accuracy and to obtain reference information on my work performance. I hereby release Coastal Plain Area Economic Opportunity Authority, Inc. from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However,

I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract.

🞏 I agree to the above Applicant’s Certification and Agreement. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_