



Community Action Development Corporation
 Frederick, OK 73542
 580-335-5588
 www.cadconnections.com

**COMMUNITY ACTION DEVELOPMENT CORPORATION
 APPLICATION FOR EMPLOYMENT**

(PLEASE PRINT)

Date: _____ Date Available _____

What position are you applying for? _____

 Last Name First Name Middle Name

 Street Address City State ZIP

 Phone Number Email Address

Select Yes or No for the following:

- | | | |
|---|-----|----|
| Are you 18 years of age or older? | Yes | No |
| Are you 25 years of age or older for Transportation position? | Yes | No |
| Do you have the legal right to work and live in the U.S.?
<small>(Federal law requires proof of citizenship or immigration status upon employment)</small> | Yes | No |
| Would you relocate? | Yes | No |

List names and relationships of persons you know working for CADC:

 How did you hear about this position? _____

EDUCATION:

Select the highest grade completed.

Elementary: 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

High School Diploma or G.E.D. (High School Equivalency)

Where? _____ Year Received? _____

College/University Name _____ Location _____

Primary Courses of Study _____

Vo-Tech/Other Name _____ Location _____

Primary Courses of Study _____

Describe any specialized training or skills:

EMPLOYMENT EXPERIENCE:

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

Employer _____ From _____ To _____

Address _____ Telephone _____

Name and Title of Supervisor _____

Job Duties _____

Reason for leaving _____

Employer _____ From _____ To _____

Address _____ Telephone _____

Name and Title of Supervisor _____

Job Duties _____

Reason for leaving _____

Employer _____ From _____ To _____

Address _____ Telephone _____

Name and Title of Supervisor _____

Job Duties _____

Reason for leaving _____

REFERENCES:

Please list three references who are not related to you and are not previous employers.

Name _____ Email Address _____

Address _____ Telephone _____

Name _____ Email Address _____

Address _____ Telephone _____

Name _____ Email Address _____

Address _____ Telephone _____

I certify that the answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge.

Signature of Applicant _____ Date _____

CONDITIONS OF EMPLOYMENT

Please INITIAL each statement certifying you have read and understood all statements in the CONDITIONS OF EMPLOYMENT.

_____ I acknowledge that the information I have supplied is correct to the best of my knowledge and understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.

_____ If selected for employment, I understand I will be required to submit documentation establishing my identity and eligibility to be legally employed in the United States by the date given as available for work.

_____ I understand if I am selected for employment additional information may be required by State or Federal laws or regulations including but not limited to OSBI & OMV.

_____ I understand that compliance with the agency's Drug Free Workplace Policy are conditions of continued employment.

_____ I understand the agency may investigate and verify all data given on this application, on related papers and in interviews. I authorize individuals, schools and firms named herein, except my current employer, if so noted, to provide any information requested and release them from all liability for damage in providing this information.

_____ I understand that nothing in this application is intended to imply or create an employment relationship or contract for employment.

_____ I understand that any offer of employment is conditional upon my taking a drug and alcohol test and the result thereof. I understand refusal to comply with this requirement will be considered the equivalent of receiving a confirmed "positive" drug screen result and will have the offer of employment withdrawn. A false or dishonest answer to any question on this agency's application for employment will cause you to be ineligible for employment. All statements of this application are subject to investigation, including: a background check, references, and former employers. All information will be considered in determining employment with this agency.

I CERTIFY THAT THE ANSWERS GIVEN HEREIN ARE TRUE AND CORRECT. I ALSO CERTIFY THAT I HAVE READ AND UNDERSTAND ALL STATEMENTS IN THE CONDITIONS OF EMPLOYMENT.

Applicant's Signature

Date

PRE-EMPLOYMENT DRUG TESTING NOTIFICATION AND ACKNOWLEDGEMENT

I hereby acknowledge and understand that: as part of my application for employment for a position which involves the performance of safety-sensitive functions as defined by 49 CFR Part 655, as amended, I must submit to a urine drug test under the authority of the U.S. Department of Transportation, Federal Transit Administration. I acknowledge and understand that any offer of employment is contingent on the passing of the drug test, and I will not be assigned to perform a safety-sensitive function unless my urine drug test has a verified negative result having no evidence of prohibited drug use.

Signature of Applicant

Date

Print Name

Witness:

Signature

Date

Print Name

(Your application will not be considered for employment for a covered safety sensitive position unless this acknowledgement is completed and signed.)

INVITATION FOR SELF-IDENTIFICATION
(AFFIRMATIVE ACTION SURVEY)

It is the policy of Community Action Development Corporation to provide equal employment opportunities to all individuals based on job-related qualifications and ability to perform a job without regard to age, gender, race, color, religion, national origin, disability, veteran, or any other legally protected status, and to maintain a non-discriminatory environment free from intimidation, harassment or bias based upon these grounds. As an employer and federal contractor, we comply with government regulations and affirmative action responsibilities. In order to help us comply with government record keeping, reporting and other legal requirements, we request that you complete this affirmative action survey. The completion of this form is voluntary. This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment. Government Agencies require periodic reports on the gender and ethnicity of applicants. This data is for analysis and affirmative action only. This information is voluntary and will be treated confidentially. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

Name: _____

Job For Which Application is Submitted: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

What is your Gender? Male Female I choose not to self-identify

What is your race/ethnicity? Please mark the box that describes the race/ethnicity category with which you primarily identify.

Hispanic or Latino: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

White (Not Hispanic or Latino) a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino): a person having origins in any of the black racial groups of Africa.

Asian (Not Hispanic or Latino) a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

American Indian or Alaska Native (Not Hispanic or Latino) a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) a person who primarily identifies with two or more of the above race/ethnicity categories.

I do not wish to disclose.

Thank you for your participation.

Signature: _____ **Date:** _____
