



ANOKA COUNTY COMMUNITY ACTION PROGRAM, INC.

APPLICATION FOR EMPLOYMENT
An Equal Opportunity / Affirmative Action Employer

Human Resource Department
1201 - 89th Avenue N.E., Suite 345
Blaine, Minnesota 55434
Phone: 763-783-4747
Fax: 763-783-4700
www.accap.org

START HERE
Title of Position for which you are applying:
Date of Application:

Please complete entire application. Applications will be rejected if incomplete.

Last Name	First Name	Middle Name	Former Name(s)	May we call you at work? Yes <input type="checkbox"/> No <input type="checkbox"/>
Street Address		Apt. No.	Home Phone	Work Phone
City	State	Zip Code	Are you 18 or older?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a United States Citizen OR, if not, do you have permission to work in this country?				Yes <input type="checkbox"/> No <input type="checkbox"/>

All employment offers may be conditional upon the applicant passing a criminal background check. Convictions are not an automatic bar to employment. Each case is considered on its individual merits and the type of work sought.

If position requires driving, please provide driver license number:	Driver License No.	State Issued	Class
If position requires certificate, registration, or occupational license, please provide information:			
Type	Number	Expiration Date	

Are you a present employee of ACCAP? Yes No If Yes, check status: Regular Trial Period Temporary Other

Are you a past employee of ACCAP? Yes <input type="checkbox"/> No <input type="checkbox"/>	Would you be interested in temporary employment: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please circle: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
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EDUCATION/TRAINING: Name of High School Attended:		Location:				
Did you graduate from High School or receive a G.E.D.?		Yes <input type="checkbox"/> No <input type="checkbox"/>				
Name and location of college, university, technical, professional, business, trade, vocational or other school	Dates Attended		Cert. or Degree	Date Recv'd	Major	Minor
	Mo./Yr. From	Mo./Yr. To				

Applicant: If you have a disability that would prevent you from testing for a position under standard conditions, please notify the Human Resources Department so that every reasonable effort can be made to accommodate you.

Applicant: Please give four (4) business references: name, address, and phone number.

NAME	ADDRESS	PHONE

WORK EXPERIENCE: BE COMPLETE. Experience and training ratings are determined by the information you provide and your score will depend upon it. **DO NOT MARK APPLICATION "SEE RESUME".** Account for ALL your work experience. Applications will be rejected if incomplete.

Present or last employer		Address		City	State	Zip
Job Title		Supervisor		Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
From Mo. ____ Yr. ____	To Mo. ____ Yr. ____	Total Time ____ Yrs. ____ Mo.	Full time or Part time ____ Hrs./Wk.	Starting Salary	Last Salary	
Reason for leaving						
Specific duties						
Second last employer		Address		City	State	Zip
Job Title		Supervisor		Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
From Mo. ____ Yr. ____	To Mo. ____ Yr. ____	Total Time ____ Yrs. ____ Mo.	Full time or Part time ____ Hrs./Wk.	Starting Salary	Last Salary	
Reason for leaving						
Specific duties						
Third last employer		Address		City	State	Zip
Job Title		Supervisor		Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
From Mo. ____ Yr. ____	To Mo. ____ Yr. ____	Total Time ____ Yrs. ____ Mo.	Full time or Part time ____ Hrs./Wk.	Starting Salary	Last Salary	
Reason for leaving						
Specific duties						
Fourth last employer		Address		City	State	Zip
Job Title		Supervisor		Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
From Mo. ____ Yr. ____	To Mo. ____ Yr. ____	Total Time ____ Yrs. ____ Mo.	Full time or Part time ____ Hrs./Wk.	Starting Salary	Last Salary	
Reason for leaving						
Specific duties						

FOR ADDITIONAL WORK EXPERIENCE, USE BLANK SHEETS AND ATTACH TO THIS FORM.

List any additional information you feel may be important for us to know in evaluating your application, e.g. professional society membership, relevant community activities or volunteer work, skills or specific accomplishments. Please be specific and include period of time involved, if applicable. Attach additional sheets, if necessary.

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age, or by other means. The term "Employment Applications" refers to all written inquiries about employment or applications for employment or promotion including, but not limited to, resumes or other summaries of the applicant's background. It relates not only to written pre-employment inquiries, but also to inquiries by employees concerning terms, conditions, or privileges of employment as specified in Section 4 of the Act.

READ AND SIGN

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements, as necessary, to consider my application. I understand that false or misleading information given in my application or interview(s) is cause for ineligibility from consideration or discharge. I understand that I am required to abide by all rules and regulations of ACCAP.

Date: _____ Applicant's Signature: _____

Upon request, this form will be made available in alternative formats per requirements of ADA.



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Applicant Survey Form

Date	Position(s) for which you are applying
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Please read carefully:

As an affirmative action employer, we must monitor our equal employment opportunity and affirmative action program, and report the results to government agencies. Please help us gather this information by identifying your sex, race or ethnicity, and disability status on this form.

Providing this information is *completely voluntary*. If you choose not to provide some or all of this information, you will not be subject to any negative or adverse treatment.

The information you provide will be used **only** to monitor our compliance with equal opportunity laws and regulations and *for no other purpose*. * When we receive this form, we will immediately place it in a confidential file separate from your application. If you wish, you may mail this form to the attention of **Karlie Williams, Affirmative Action Officer**, at the address shown on this letterhead, separate from the envelope that contains your application.

Race/Ethnicity – Select one or more

- American Indian or Alaska Native: 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.
- Asian: 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.
- Black or African American: A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Disability - Are you a person with a disability?

- Yes
- No

Sex – Select one

- Female
- Male

* **This form is not used for employment decisions.** If you have a disability and need an accommodation so that you can perform the duties of the job for which you are applying, please notify us in some other manner.

Karlie Williams, Affirmative Action Officer
kwilliams@accap.org, 763-783-4962