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: month day year

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 ☐ No ☐
Street Address		Apt. No.	Home Phone	Work Phone
City	State	Zip Code	Are you 18 or older? Yes ☐ No ☐	
Are you a United States Citizen OR, if not, do you have permission to work in this country? Yes ☐ No ☐				

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 ☐ No ☐	Would you be interested in temporary employment: Yes ☐ No ☐ If yes, please circle: Full-time ☐ Part-time ☐

EDUCATION/TRAINING: Name of High School Attended: Location:
Did you graduate from High School or receive a G.E.D.? Yes ☐ No ☐

Name and location of college, university, technical, professional, business, trade, vocational or other school	Dates Attended Mo./Yr. From	Dates Attended Mo./Yr. To	Cert. or Degree	Date Recv'd	Major	Minor

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 ☐ No ☐
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 ☐ No ☐
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 ☐ No ☐
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 ☐ No ☐
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.

Updated: 06/01/2020

ANOKA COUNTY COMMUNITY ACTION PROGRAM, INC.
1201 89th Avenue NE • Suite 345 • Blaine, MN 55434
Phone 763-783-4747 • FAX 763-783-4700 • Website: www.accap.org

Applicant Survey Form

Date	Position(s) for which you are applying

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 ***Sarah Ferrell, HR Generalist*** 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.
- ❑ Minority: Any person who identifies as being American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, or in any combination of these identifiers, or someone who identifies as White and as any of the other identifiers.

Disability - Are you a person with a disability?

- ❑ Yes
- ❑ No

Sex – Select one

- ❑ Female
- ❑ Male
- ❑ Non-Binary: Anyone who identifies as a gender that is not what they were assigned at birth.

* **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.

Sarah Ferrell, HR Generalist
sferrell@accap.org, 763-783-4962

This Organization Participates in E-Verify

Esta Organización Participa en E-Verify

This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

E-Verify Works for Everyone

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

E-Verify Funciona Para Todos

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

888-897-7781

dhs.gov/e-verify

E-VERIFY IS A SERVICE OF DHS AND SSA

English / Spanish Poster

IF YOU HAVE THE RIGHT TO WORK

DON'T LET ANYONE TAKE IT AWAY

If you have the skills, experience, and legal right to work, your citizenship or immigration status shouldn't get in the way. Neither should the place you were born or another aspect of your national origin. A part of U.S. immigration laws protects legally-authorized workers from discrimination based on their citizenship status and national origin. You can read this law at 8 U.S.C. § 1324b.

The Immigrant and Employee Rights Section (IER) may be able to help if an employer treats you unfairly in violation of this law.

The law that IER enforces is 8 U.S.C. § 1324b. The regulations for this law are at 28 C.F.R. Part 44.

Call IER if an employer:

Does not hire you or fires you because of your national origin or citizenship status (this may violate a part of the law at 8 U.S.C. § 1324b(a)(1))

Treats you unfairly while checking your right to work in the U.S., including while completing the Form I-9 or using E-Verify (this may violate the law at 8 U.S.C. § 1324b(a)(1) or (a)(6))

Retaliates against you because you are speaking up for your right to work as protected by this law (the law prohibits retaliation at 8 U.S.C. § 1324b(a)(5))

The law can be complicated. Call IER to get more information on protections from discrimination based on citizenship status and national origin.

Immigrant and Employee Rights Section (IER)

1-800-255-7688 **TTY 1-800-237-2515**

www.justice.gov/ier

IER@usdoj.gov

U.S. Department of Justice, Civil Rights Division, Immigrant and Employee Rights Section, January 2019

This guidance document is not intended to be a final agency action, has no legally binding effect, and has no force or effect of law. The document may be rescinded or modified at the Department's discretion, in accordance with applicable laws. The Department's guidance documents, including this guidance, do not establish legally enforceable responsibilities beyond what is required by the terms of the applicable statutes, regulations, or binding judicial precedent. For more information, see "Memorandum for All Components: Prohibition of Improper Guidance Documents," from Attorney General Jefferson B. Sessions III, November 16, 2017.

SI USTED TIENE DERECHO A TRABAJAR

NO DEJE QUE NADIE SE LO QUITE

Si usted dispone de las capacidades, experiencia y derecho legal a trabajar, su estatus migratorio o de ciudadanía no debe representar un obstáculo, ni tampoco lo debe ser el lugar en que usted nació o ningún otro aspecto de su nacionalidad de origen. Existe una parte de las leyes migratorias de los EE. UU. que protegen a los trabajadores que cuentan con la debida autorización legal para trabajar de la discriminación por motivos de su estatus de ciudadanía o nacionalidad de origen. Puede consultar esta ley contenida en la Sección 1324b del Título 8 del Código de los EE. UU.

Es posible que la Sección de Derechos de Inmigrantes y Empleados (IER, por sus siglas en inglés) pueda ayudar si un empleador lo trata de una forma injusta, en contra de esta ley.

La ley que hace cumplir la IER es la Sección 1324b del Título 8 del Código de los EE. UU. Los reglamentos de dicha ley se encuentran en la Parte 44 del Título 28 del Código de Reglamentos Federales.

Llame a la IER si un empleador:

No lo contrata o lo despide a causa de su nacionalidad de origen o estatus de ciudadanía (esto podría representar una vulneración de parte de la ley contenida en la Sección 1324b(a)(1) del Título 8 del Código de los EE. UU.)

Lo trata de una manera injusta a la forma de comprobar su derecho a trabajar en los EE. UU., incluyendo al completar el Formulario I-9 o utilizar E-Verify (esto podría representar una vulneración de la ley contenida en la Sección 1324b(a)(1) o (a)(6) del Título 8 del Código de los EE. UU.)

Toma represalias en su contra por haber defendido su derecho a trabajar al amparo de esta ley (la ley prohíbe las represalias, según se indica en la Sección 1324b(a)(5) del Título 8 del Código de los EE. UU.)

Esta ley puede ser complicada. Llame a la IER para más información sobre las protecciones existentes contra la discriminación por motivos del estatus de ciudadanía o la nacionalidad de origen.

Sección de Derechos de Inmigrantes y Empleados (IER)

1-800-255-7688 **TTY 1-800-237-2515**

www.justice.gov/crt-espanol/ier

IER@usdoj.gov

Departamento de Justicia de los EE. UU., División de Derechos Civiles, Sección de Derechos de Inmigrantes y Empleados, enero del 2019