



Community Action Program Committee Inc.

1380 N. Palafox

Pensacola, FL 32501

Phone: (850)438-4021

Fax: (850)438-0121

EMPLOYMENT APPLICATION

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application _____

Name _____
 Last First MI

Address _____
 Street (Include apt #) City State Zip

Telephone# [] _____ Cell# [] _____

Email: _____

Have you ever worked in a facility that has had a license denied, revoked, or suspended in any state or jurisdiction; or has been the subject of a disciplinary action; or been fined while employed in a child care facility? _____

Have you ever been convicted of a felony or pled "No Contest" to a felony charge? _____

If yes, please explain: _____

Do you own a vehicle? Yes ___ No ___ If so, can it be used in your work? Yes ___ No ___

Do you have a valid Florida Driver's license Yes ___ No ___ Do you have CDL? Yes ___ No ___

What Class & Endorsements if CDL? _____

Educational Background

List last three schools attended, number of years completed, degree or diploma earned, date of graduation, and Major field of study

SCHOOL	# OF YRS. COMPLETED	DEGREE/DIPLOMA	I TCF WCVGF YES OR NO	MAJOR
High School				
Community College				
University				
Business or Trade School				
Extra Space				

If you did not graduate from High School, do you have an equivalency (GED) Certificate? Yes ___ No ___

Do you have a national CDA certificate? Yes ___ No ___

Do you have your DCF forty-hour (40) childcare certificate? (Transcript is required) Yes ___ No ___

Employment History

Provide the following information for your past and present employers, assignments, or volunteer activities starting with the most recent (use additional space provided if necessary). Explain any gaps in employment in the comments section below.

EMPLOYER	TELEPHONE	DATES EMPLOYED FROM (MM/YR) TO		SUMMARIZE THE TYPE OF WORK PERFORMED AND RESPONSIBILITIES
ADDRESS				
JOB TITLE	RATE/SALARY STARTING	RATE/SALARY FINAL		
IMMEDIATE SUPERVISOR & TITLE	\$	PER	\$	PER
REASON FOR LEAVING	MAY WE CONTACT FOR REFERENCE			
	YES		NO	

EMPLOYER	TELEPHONE	DATES EMPLOYED FROM TO		SUMMARIZE THE TYPE OF WORK PERFORMED AND RESPONSIBILITIES
ADDRESS				
JOB TITLE	RATE/SALARY STARTING	RATE/SALARY FINAL		
IMMEDIATE SUPERVISOR & TITLE	\$	PER	\$	PER
REASON FOR LEAVING	MAY WE CONTACT FOR REFERENCE			
	YES		NO	

EMPLOYER	TELEPHONE	DATES EMPLOYED FROM TO		SUMMARIZE THE TYPE OF WORK PERFORMED AND RESPONSIBILITIES
ADDRESS				
JOB TITLE	RATE/SALARY STARTING	RATE/SALARY FINAL		
IMMEDIATE SUPERVISOR & TITLE	\$	PER	\$	PER
REASON FOR LEAVING	MAY WE CONTACT FOR REFERENCE			
	YES		NO	

EMPLOYER	TELEPHONE	DATES EMPLOYED FROM TO		SUMMARIZE THE TYPE OF WORK PERFORMED AND RESPONSIBILITIES
ADDRESS				
JOB TITLE	RATE/SALARY STARTING	RATE/SALARY FINAL		
IMMEDIATE SUPERVISOR & TITLE	\$	PER	\$	PER
REASON FOR LEAVING	MAY WE CONTACT FOR REFERENCE			
	YES		NO	



COMMENTS (Including explanation of any gaps in employment)

Three horizontal lines for writing comments.

SKILLS & QUALIFICATIONS (Summarize any special training, skills, licenses, and/or certifications that may qualify you as being able to perform job-related functions in the position(s) for which you are applying.

Three horizontal lines for writing skills and qualifications.

What personal qualities do you possess that will help you fulfill the position for which you are applying?

Three horizontal lines for writing personal qualities.

List any additional information you would like us to consider.

Two horizontal lines for writing additional information.

References - List name and telephone number of three business/work references who are not related to you and are not previous supervisors

NAME	TELEPHONE	YEARS KNOWN

Are you a current or former Head Start parent? Yes ___ No ___

Are you a former Head Start Student? Yes ___ No ___

Additional Space (please indicate which section and/or question you are referring to)

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancelation of this application or immediate discharge from the employer’s service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering, and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question or this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

I understand that employment with CAPC, Inc. is "AT WILL"and that I am free to resign at any time, with or without cause and the employer reserves the same right to terminate my employment at any time, with or without cause except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. Resignation must be submitted in accordance with the agency’s personnel policies and procedures.

I understand it is this company’s policy not to refuse to hire a qualified individual with a disability because of that person’s need for a reassurance accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identify and legal work authorization within three (3) days.

I understand that the condition of my employment is subject to a background screening.

I further understand that this company is a **DRUG FREE WORKPLACE** and if selected for employment, I must submit to a drug test prior to being employed and during employment.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Employment applications are the property of the agency.

Typed Name of Applicant

Date

I understand that if I am selected for an interview I will be required to physically sign this form.

HOW DID YOU HEAR ABOUT THIS OPENING? PLEASE MARK BELOW:

Pensacola News Journal	_____	CareerBuilder.com	_____
Workforce Escarosa	_____	CAPC Start Employee	_____
Community Action Program	_____	CAPC FaceBook Page	_____
CAPC Website	_____	CAPC ENews	_____
Other (please list)	_____		

AN EQUAL OPPORTUNITY EMPLOYER

The Community Action Program Committee, Inc. does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, clients, volunteers, contractors, vendors, and clients.