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|--|
| <b>APPLICATION FOR</b>   |
| <input type="checkbox"/> Employment<br><input type="checkbox"/> Internship<br><input type="checkbox"/> Volunteer |
| <b>Please Check Off Only One</b>   |

**Application #:** \_\_\_\_\_  
Office Use Only

## EMPLOYMENT APPLICATION

**This form must be completed, signed and returned to the Compensation and Management Development Committee. A copy of this form will be retained in a file on site.**

**PART 1 GENERAL INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_ Cell phone: ( ) \_\_\_\_\_

Work phone: ( ) \_\_\_\_\_ eMail: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

- American Indian or Alaska Native   
  Black or African American   
  White   
  More than one race  
 Asian   
  Hispanic or Latino(a)   
  Native Hawaiian/Pacific Islander

Are you a U.S. Citizen?  Yes  No      S.S.N    -   -

If you are not a U.S. Citizen, are you a Permanent Resident?  Yes  No      Permanent Resident Alien Number: A

Are you legally eligible for employment in the U.S?  Yes  No

If hired, I can provide a valid Driver's License or State ID?  Yes  No

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States?  Yes  No      If so, fill out the following:      Issuing state: \_\_\_\_\_  
Type: \_\_\_\_\_ ID No: \_\_\_\_\_

**AMERICANS WITH DISABILITIES ACT (ADA) COMPLIANCE**

Are you able to perform the essential functions of the position with or without accommodations  Yes  No

<sup>1</sup>Note: Coalition For Community Action And Reform, Inc. complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.  
<sup>2</sup>Note: Various agencies of the United States government require employers to maintain information on applicants for employment and volunteer service pertaining to factors such as race, sex, and type of position for which the individual applies. The information requested on this sheet is for compliance with certain record keeping requirements. CFCAAR believes all persons are entitled to equal employment and volunteer opportunities and does not discriminate against its employees, volunteers or applicants because of race, color, sex, religion, national origin, disability, veteran status, age, marital status or any other protected group status.

**PART 2 POSITION OF INTEREST**

**Placement information:** The following information will allow us to match your expertise, interest, and skills with staff requests for volunteers. It will also assist us in recognizing your volunteer efforts.

Please indicate below which category(s) you prefer as a volunteer:?

- Board of Directors   
  Special Events   
  After School Enrichment Program   
  Audit and Finance Committee  
 Award Selection Committee   
  Compensation and Management Development Committee  
 Corporate Governance and Nominating Committee   
  Fundraising Committee   
  Office Administration   
  Community Outreach  
 Volunteer Recruiter   
  Tutor   
  Guidance Counsellor   
  Coach   
  Instructor   
  Driver

Current Hourly Rate: \_\_\_\_\_ Desired Hourly Rate: \_\_\_\_\_

\*Rates are only applicable to non volunteer positions

### SCHEDULE OF AVAILABILITY

**Availability:** Please write in your preferred hours and days below:

| Monday |    | Tuesday |    | Wednesday |    | Thursday |    | Friday |    | Saturday |    | Sunday |    |
|--------|----|---------|----|-----------|----|----------|----|--------|----|----------|----|--------|----|
| AM     | PM | AM      | PM | AM        | PM | AM       | PM | AM     | PM | AM       | PM | AM     | PM |
|        |    |         |    |           |    |          |    |        |    |          |    |        |    |

How many hours can you work weekly? \_\_\_\_\_

**Schedule desired:**     FULL-TIME ONLY     PART-TIME ONLY     NO PREFERENCE     TEMPORARY

If hired, when are you available to start? \_\_\_/\_\_\_/\_\_\_ (mm/dd/yyyy)

**If necessary for the job, I am able to** Work overtime?     Yes     No

### ▶ PART 3

### EDUCATION, TRAINING, AND EXPERIENCE

|                             | Name of Institution | Mailing address | Major & Degree | Dates of Attendance |
|-----------------------------|---------------------|-----------------|----------------|---------------------|
| High School                 |                     |                 |                | From:<br>To:        |
| College                     |                     |                 |                | From:<br>To:        |
| Business or<br>Trade School |                     |                 |                | From:<br>To:        |
| Professional Training       |                     |                 |                | From:<br>To:        |
|                             |                     |                 |                |                     |
|                             | Branch              | Rank            | Specialty      | Years of Service    |
| Military                    |                     |                 |                | From:<br>To:        |

### ▶ PART 4

### SKILLS AND ADDITIONAL INFORMATION

Please list skills you can contribute to the organization.

CPR Certified     Yes     No                      CPR Card Expiration Date \_\_\_\_\_

First Aid Certified     Yes     No                      First Aid Card Expiration Date \_\_\_\_\_

Do you speak write or understand any foreign languages?     Yes     No

If yes describe which language(s) and the degree of fluency: \_\_\_\_\_

Type \_\_\_\_\_ WPM

Please list any other skills you would like to highlight: \_\_\_\_\_

### ▶ PART 5

### WORK EXPERIENCE

Please list your work experience both employment ~~past five years~~ <sup>past five years</sup> as a volunteer for the \_\_\_\_\_ beginning with your most recent position held.

If you were self-employed, give firm name.

**Attach additional sheets if necessary. List all duties performed, skills used or learned, advancements or promotions while you worked at each company.**

|  |  |   |           |
|--|--|---|-----------|
| Employer Name:<br>Address:<br><br>Phone: | Position title / duties / skills<br><br><br>Supervisor name: _____ | Start date:   | End date: |
|  |  | Reason for leaving:   |           |
|  |  | May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No |           |

|   |  |  |           |
|---|--|--|-----------|
| Employer<br>Name:<br>Address:<br><br>Phone: | Position title / duties / skills<br><br><br>Supervisor name: | Start date:  | End date: |
|   |  | Reason for leaving:<br><br>May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No |           |

► **PART 6** **EMERGENCY CONTACT**

Name of person to contact in the event of an emergency \_\_\_\_\_  
 Relationship to you \_\_\_\_\_  
 Daytime Phone Number \_\_\_\_\_  
 Name of regular physician \_\_\_\_\_  
 Phone number \_\_\_\_\_  
 Please describe special medical conditions (allergies, etc.) or special accommodations you have: \_\_\_\_\_  
 \_\_\_\_\_

► **PART 7** **REFERENCES**

Please provide 3 personal/professional references of individuals who can attest to your character and commitment for the position you are applying for.

| Name | Address | Phone | Occupation | Years known |
|------|---------|-------|------------|-------------|
|      |         |       |            |             |
|      |         |       |            |             |
|      |         |       |            |             |

► **PART 8** **BACKGROUND CHECK AUTHORIZATION**

Have you ever been convicted of a crime<sup>3</sup>?  Yes  No  
 If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_  
 If hired, are you willing to submit to and pass a controlled substance test?  Yes  No

<sup>3</sup>Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.  
 Applicant Consent: I understand and agree that CFCAAR, Inc. will verify all or part of the information I have provided for a Criminal History Check. I understand that this verification may include an inquiry into my credit history, motor vehicle driving record, criminal and civil records, prior employment (including contracting prior organizations), education (degree, GPA and attendance) as well as other public record information. I authorize the release of such information as may be necessary to verify the information I have provided. I release and hold harmless from all liability any individual or entity requesting or supplying information with respect to my application for volunteer work or employment.

I certify that I have not purposely withheld any information that might adversely affect my chances of being hired. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) on this application or on any falsified document used to secure the position can be grounds for rejection of application or, if I am employed by Coalition For Community Action And Reform, Inc., terms for my immediate termination.

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the Coalition For Community Action And Reform, Inc..

I permit Coalition For Community Action And Reform, Inc. to examine my references, record of employment and education, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record, character, and professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the Coalition For Community Action And Reform, Inc, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Applicant's Signature: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_