



**Please read the following instructions carefully prior to completing this application for employment.**

1. An application for employment is a legal document. You will be signing a statement at the end of the application certifying that the document is complete and all entries contained within this application are true to the best of your knowledge.
2. Only applications that are complete, including signature and date, will be considered for hire. If an item does not apply to you, please put N/A (not applicable) or none, etc.
3. Resumés and other attachments may be submitted. However, “See Resumé” and “See Attached” are not acceptable answers to questions asked on the application.
4. Applications are rated based on a number of criteria including, but not limited to, experience, education, skills, and completion of the application.
5. Applications may be submitted in person, by mail, or email, prior to the posted deadline, if applicable.

**Community Action Partnership of North Central Missouri (CAPNCM)**

**1506 Oklahoma Avenue**

**Trenton, MO 64683**

**(660)359-3907**

**E-mail: [contactus@capncm.org](mailto:contactus@capncm.org)**

**Website: [www.capncm.org](http://www.capncm.org)**



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Trenton, MO 64683  
Phone: (660)359-3907  
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For Agency Use Only  
Date/Time Received

**APPLICATION FOR EMPLOYMENT**

**Please answer all questions on this form, even if your resumé is attached.**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City) (State) (ZIP)

Telephone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Position applied for: \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

Current rate of pay/salary: \_\_\_\_\_ Expected rate of pay/salary: \_\_\_\_\_

Date available to start work: \_\_\_\_\_ Do you want to work: Full-time  Part-time

Are you at least 18 years of age? Yes  No

Have you ever filed an application with us before? Yes  No  If yes, when? \_\_\_\_\_

Have you ever been employed by CAPNCM? Yes  No  If yes, when? \_\_\_\_\_

Are you legally eligible for employment in the United States?  Yes  No

Are you presently related to any member of the CAPNCM Board of Directors?  Yes  No

If yes, name and relationship: \_\_\_\_\_

Have you ever been convicted of any violation of the law other than minor traffic violations?  Yes  No

If yes, please explain: \_\_\_\_\_

*A conviction record will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent permitted by applicable law.*

Do you drive a vehicle?  Yes  No

Do you have a valid driver's license?  Yes  No

Do you have auto insurance?  Yes  No

**EDUCATION\***

Complete for highest level attained.

School	Name & Location of School	Course of Study	Number of years completed	Degree / Diploma
High School				
Vocational / Trade School				
Undergraduate				
Graduate / Professional				

*\*NOTE: If hired, CAPNCM may require a copy of your high school transcript, GED certificate, professional certificates, degrees, and/or diplomas.*

List other job-related experience/education:

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List any apprenticeship, civic, professional, trade, and/or extra-curricular activities:

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What languages do you speak, read, and/or write fluently?

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**MILITARY SERVICE**

Are you a veteran?  Yes  No

If yes, what special skills did you acquire in the service?

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## EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment history. Start with your present or most recent job.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)			
	Starting/Present Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)			
	Starting/Present Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)			
	Starting/Present Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)			
	Starting/Present Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			

**PROFESSIONAL REFERENCES**

List below the names of three (3) persons, not related to you, who can provide work-related references and whom you have known for at least one (1) year.

Name	Occupation	Telephone	Best time to call
1			
2			
3			

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**Read carefully before signing.**

*This form serves to comply with applicable program regulations and to ensure a safe and secure environment for employees and clients of Community Action Partnership of North Central Missouri (CAPNCM). Please review the Authorization Form in detail and complete the information below to provide Authorization for the Release of Information.*

I certify this application was completed by me and the entries contained in this application are true and complete to the best of my knowledge. I understand the misrepresentation or omission of facts requested on this application may be grounds for refusal of this application/employment or dismissal from employment if subsequently discovered.

I understand the employer will thoroughly investigate my work and personal history, and verify all data given on this application, on related papers, and in interviews. I authorize an inquiry which may provide background information concerning my character, general reputation, and past work performance. I agree to a full release of the information including, but not limited to, pre-employment and recurring criminal records checks, abuse/neglect checks, driving record checks, and other background checks, where required by the employer and/or regulation. I hereby authorize CAPNCM to inquire, and also authorize the request from each former employer, educational institution, persons, credit bureaus, governmental and law enforcement agencies to answer all questions which may be legally asked, and to release all information which may be legally sought, except my current employer, if so noted. I hereby release all parties from the liability or responsibility for doing so.

I hereby authorize CAPNCM to obtain the necessary records as part of its investigation in my employment application and/or continued employment with CAPNCM. The Authorization shall remain in effect over the course of my employment.

I agree a copy of this form is valid like the signed original. I understand that upon my request, I will be given a copy of the applicable records check and a written description of my rights under the Fair Credit Reporting Act.

I understand and agree this employer follows an "employment-at-will" policy and, if hired, my employment is for no definite period, in that I or the employer may terminate my employment at any time, or for any reason without notice, consistent with applicable state or Federal law. I understand this application is not a contract of employment. I understand Federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand if I wish to be considered for employment for another position, I must submit a new application. If hired, I agree to comply with all rules, regulations, and employment policies of CAPNCM.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**CONSENT TO TEST FOR ILLEGAL DRUGS**

I, \_\_\_\_\_, hereby give my consent to CAPNCM and its agents or independent contractors, to perform appropriate tests or examinations on me for alcohol, illegal drugs, and/or other pre-employment tests, with the results of these tests or examinations to be released to the Executive Director of CAPNCM, for whatever use it deems fair and appropriate under the circumstances and according to all applicable laws.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**CAPNCM IS AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER**