



**Akron Summit
Community Action, Inc.**

ADVOCATING FOR A POVERTY - FREE COMMUNITY

P.O. Box 2000 ☐ Akron, OH 44309-2000

An Equal Opportunity Employer

In accordance with all state and federal laws, Akron Summit Community Action, Inc. does not discriminate in hiring or employment on the basis of race, color, religion, creed, national origin, ancestry, handicap/disability, sex, military status or age.

APPLICATION FOR EMPLOYMENT

Date: _____

Name: _____ Telephone # (____) _____
(Last) (First) (Middle)

Address: _____
(Number & Street) (City & State) (Zip Code)
(Akron Summit Community Action, Inc. requires residency in Summit County within 12 months after employment.)

Job(s) Applied For: (1) _____ (2) _____ (3) _____

Salary Requirement: _____ Are you available to work: Full-Time _____ Part-Time _____ Temporary _____

Are you currently on Lay-Off status and subject to recall? _____ What date are you available for work? _____

EDUCATIONAL BACKGROUND

Type of School	Name & Location of School or College	Major Course of Study	Did you graduate?	Diplomas & Degrees
High School			YES____ NO____	
College			YES____ NO____	
College			YES____ NO____	
Certificate(s)				
Other				

(If you need additional space, see Page 4)

Have you ever served in the Military? _____ Branch: _____ Type of Discharge: _____

Are you a U.S. Citizen or Eligible to Work in the United States? YES _____ NO _____
(Proof of Citizenship or Immigration Status Will Be Required Upon Employment)

Have you applied to Akron Summit Community Action, Inc. before? _____ If yes, when: _____

Have you ever been employed by Akron Summit Community Action, Inc. before? _____ If yes, when & where:

Department: _____ From: _____ To: _____

List relatives currently employed by Akron Summit Community Action, Inc.: Name: _____

Relationship: _____ Department: _____

EMPLOYMENT HISTORY (List All Employers)

(List in order, most recent first, accounting for all periods of unemployment on page 4)

Employer _____ Address _____
City, State, Zip Code _____ Telephone _____
Job Title _____ Department _____ Supervisor _____
Employed From: _____ To: _____ Full-Time _____ Part-Time _____ Salary _____ Per _____
Duties _____
Reason for Leaving or Seeking Other Employment _____

Employer _____ Address _____
City, State, Zip Code _____ Telephone _____
Job Title _____ Department _____ Supervisor _____
Employed From: _____ To: _____ Full-Time _____ Part-Time _____ Salary _____ Per _____
Duties _____
Reason for Leaving or Seeking Other Employment _____

Employer _____ Address _____
City, State, Zip Code _____ Telephone _____
Job Title _____ Department _____ Supervisor _____
Employed From: _____ To: _____ Full-Time _____ Part-Time _____ Salary _____ Per _____
Duties _____
Reason for Leaving or Seeking Other Employment _____

Employer _____ Address _____
City, State, Zip Code _____ Telephone _____
Job Title _____ Department _____ Supervisor _____
Employed From: _____ To: _____ Full-Time _____ Part-Time _____ Salary _____ Per _____
Duties _____
Reason for Leaving or Seeking Other Employment _____

Employer _____ Address _____
City, State, Zip Code _____ Telephone _____
Job Title _____ Department _____ Supervisor _____
Employed From: _____ To: _____ Full-Time _____ Part-Time _____ Salary _____ Per _____
Duties _____
Reason for Leaving or Seeking Other Employment _____

Employer _____ Address _____
City, State, Zip Code _____ Telephone _____
Job Title _____ Department _____ Supervisor _____
Employed From: _____ To: _____ Full-Time _____ Part-Time _____ Salary _____ Per _____
Duties _____
Reason for Leaving or Seeking Other Employment _____

How did you learn about the position? _____

References

May we contact your current employer? Yes_____ No_____ (NOTE: Only previous employers will be contacted if you choose no, unless you are seriously being considered for employment.)

List three (3) personal references. (DO NOT LIST RELATIVES.)

Name _____	Telephone Number (____) _____
Address: Street _____ City/State _____	Zip Code _____
How are you acquainted with this person? _____	Length of Acquaintance _____
Name _____	Telephone Number (____) _____
Address: Street _____ City/State _____	Zip Code _____
How are you acquainted with this person? _____	Length of Acquaintance _____
Name _____	Telephone Number (____) _____
Address: Street _____ City/State _____	Zip Code _____
How are you acquainted with this person? _____	Length of Acquaintance _____

APPLICANT'S STATEMENT

Please Read Carefully

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to best of my knowledge. I also understand that any false information or significant omissions may disqualify me from further consideration for employment and/or may be considered just and sufficient cause for dismissal if discovered at a later date if I have been employed.

I understand that my employment is terminable-at-will, that I am not being employed for any specified time and that this application is not intended to be a contract for employment. I further acknowledge that all oral or written statements to the contrary are hereby expressly disavowed since no representative of the Company has any authority to enter into any agreement for employment or assure any employment except the Chief Executive Officer who may do so only in an expressed written agreement.

I acknowledge that I have been advised that this application will remain active for no more than six (6) months from the date it was made.

I authorize a thorough investigation of my past employment and activities, both criminal and civil, agree to cooperate in such investigation, and release all persons and companies requesting or supplying such information from liability or responsibility.

Signature of Applicant

Date

NOTE: ASCA reserves the right not to consider and discard any application which is incomplete in any respect.

ADDITIONAL EDUCATION:

ADDITIONAL SKILLS/QUALIFICATIONS:

ADDITIONAL COMMENTS (Explanation of periods of unemployment):

FOR COMPANY USE ONLY

INTERVIEWER	DATE	COMMENTS