

**APPLICATION FOR EMPLOYMENT**

An Equal Opportunity Employer

P.O. Box 2000, Akron, OH 44309-2000

[Redacted]

DATE

[Redacted]

LAST NAME

FIRST NAME

MIDDLE NAME

TELEPHONE#

[Redacted]

STREET ADDRESS

CITY

STATE

ZIP CODE

Community Action Akron Summit requires residency in Summit County within 12 months after employment.

**EMAIL ADDRESS** [Redacted]

**CAN WE TEXT YOU?**  YES  NO

**JOB(S) APPLIED FOR:** 1. [Redacted] 2. [Redacted] 3. [Redacted]

**SALARY REQUIREMENT:** [Redacted]

**ARE YOU AVAILABLE TO WORK:**  FULL-TIME  PART-TIME  TEMPORARY

**ARE YOU CURRENTLY ON LAY-OFF STATUS AND SUBJECT TO RECALL?**  YES  NO **WHAT DATE ARE YOU AVAILABLE FOR WORK?** / /

**HOW DID YOU LEARN ABOUT THE POSITION?** [Redacted]

**EDUCATIONAL BACKGROUND**

TYPE OF SCHOOL	NAME & LOCATION OF SCHOOL OR COLLEGE	MAJOR COURSE OF STUDY	DID YOU GRADUATE?	DIPLOMAS & DEGREES
HIGH SCHOOL	[Redacted]	[Redacted]	<input type="radio"/> NO <input type="radio"/> YES	[Redacted]
COLLEGE	[Redacted]	[Redacted]	<input type="radio"/> NO <input type="radio"/> YES	[Redacted]
COLLEGE	[Redacted]	[Redacted]	<input type="radio"/> NO <input type="radio"/> YES	[Redacted]
CERTIFICATE(S)	[Redacted]	[Redacted]	[Redacted]	[Redacted]
OTHER	[Redacted]	[Redacted]	[Redacted]	[Redacted]

IF YOU NEED ADDITIONAL SPACE, SEE PAGE 5

**HAVE YOU EVER SERVED IN THE MILITARY?**

[Redacted]

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 COMMUNITY ACTION AKRON SUMMIT BEFORE?**  NO  YES IF YES, WHEN: [Redacted]

**HAVE YOU EVER BEEN EMPLOYED BY COMMUNITY ACTION AKRON SUMMIT BEFORE?**  NO  YES IF YES WHEN AND WHERE:

[Redacted]

DEPARTMENT

EMPLOYMENT START DATE

EMPLOYMENT END DATE

**LIST RELATIVES CURRENTLY EMPLOYED BY COMMUNITY ACTION AKRON SUMMIT:**

[Redacted]

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	EMPLOYED TO	<input type="radio"/> FULL-TIME	<input type="radio"/> 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	EMPLOYED TO	<input type="radio"/> FULL-TIME	<input type="radio"/> 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	EMPLOYED TO	<input type="radio"/> FULL-TIME	<input type="radio"/> PART-TIME	SALARY	PER
DUTIES					
REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT					

**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	EMPLOYED TO	<input type="radio"/> FULL-TIME	<input type="radio"/> 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	EMPLOYED TO	<input type="radio"/> FULL-TIME	<input type="radio"/> 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	EMPLOYED TO	<input type="radio"/> FULL-TIME	<input type="radio"/> PART-TIME	SALARY	PER
DUTIES					
REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT					

---

## 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	EMAIL	TELEPHONE	
ADDRESS	CITY	STATE	ZIP CODE
HOW ARE YOU ACQUAINTED WITH THIS PERSON?	LENGTH OF ACQUAINTANCE		

---

NAME	EMAIL	TELEPHONE	
ADDRESS	CITY	STATE	ZIP CODE
HOW ARE YOU ACQUAINTED WITH THIS PERSON?	LENGTH OF ACQUAINTANCE		

---

NAME	EMAIL	TELEPHONE	
ADDRESS	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 (Typed name serves as signature)	DATE
---	------

*NOTE: CA 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