



APPLICATION FOR EMPLOYMENT

Clarksville Montgomery County Community Action Agency (CMCCAA)
P.O. Box 487
Clarksville, TN 37041

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a on-job-related medical condition or handicap, or any other legally protected status.
"An Equal Opportunity Employer-Program"

Application must be completed in full. Resume and other information may be attached but will not be considered in lieu of a formal Application

(Please Print)

Date of Application: _____

Position Applied For: _____

Referral Source: Friend Relative Employment Agency Web Search Engine Advertisement

Name: _____
First Middle Initial Last

Address: _____
Number Street City State Zip

Telephone: (____) _____ Cell: (____) _____ Email: _____

Are you related to anyone employed by this agency or a member of the CMCCAA Head Start Policy Council, RSVP Advisory Council, or Board of Directors? Yes No If Yes, Who? _____ Relation: _____

Are you a current or former Early Head Start and/or Head Start Parent? Yes No

If necessary, best time to call you at home is: _____ A.M. or _____ P.M.

Have you filed an application here before? Yes—If yes, give date _____ No

Have you ever been employed here before? Yes—If yes, give date _____ No

Are you employed now? Yes No

May we contact your present employer? Yes No

Are you authorized to work in the U.S? Yes No

Proof of citizenship or immigration status will be requested upon employment.

Salary expected: \$ _____ per _____ (hour, week, month, year)

On what date would you be available for work? _____

Are you available to work: Full-time Part Time Temporary

Are you on a lay-off and subject to recall? Yes No

Can you travel if the job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes—If yes, please explain No

If applying for a driver position: CDL Chauffeurs

License #: _____ Endorsement(s): _____

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Employment History

List your three(3) employers, assignments or volunteer activities, starting with the most recent including military experience.

Employer Name	Dates Employed		Summarize the nature of the work performed and job responsibilities.
	From	To	
Telephone ()			
Address			
Job Title			
Immediate Supervisor and Title			
Reason for Leaving			
May we contact for references? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>			

Employer Name	Dates Employed		Summarize the nature of the work performed and job responsibilities.
	From	To	
Telephone ()			
Address			
Job Title			
Immediate Supervisor and Title			
Reason for Leaving	Reason for Leaving	Reason for Leaving	
May we contact for references? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>			

Employer Name	Dates Employed		Summarize the nature of the work performed and job responsibilities.
	From	To	
Telephone ()			
Address			
Job Title			
Immediate Supervisor and Title			
Reason for Leaving			
May we contact for references? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>			

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List any foreign language(s) you know or speak and check the boxes that describe your skill level.

Language	Speak Some	Speak Fluently	Read	Write

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Office(s) Held

List professional accomplishments, publications, awards. (Exclude information which would reveal sex, race, religion, national

Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work for our agency.

Educational Background

School	No. Years Completed	Degree or Diploma	GPA/Class Rank	Major	Minor

List any additional information you would like us to consider or honors received that you feel may be helpful to us in considering

References:

List name and telephone number of three business/work references that are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you.

Name	Telephone	Years Known
	()	
	()	
	()	

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that I am applying for a position that I may have unsupervised access to children less than sixteen years of age, developmentally disabled persons, or other vulnerable adults. As provided by Tennessee State Law under TCA 33-2-1201, and 71-2-111, applicants whose function would include direct contact with children or direct responsibility for persons with mental illness, serious emotional disturbance, or developmental disabilities shall agree to the release of all investigative records about the person from any source, including federal, state and local governments.

I authorize the Clarksville Montgomery Community Action Agency (CMCCAA), and its agents, or assignees, to make investigations, reference checks, security checks and other inquiries into my past regarding my application.

These queries may include, but are not limited to, the Federal Bureau of Investigation (FBI)/Tennessee Bureau of Investigation (TBI), U.S. Department of Justice, National Sex Offender Public Registry, Tennessee Abuse Registry and/or surrounding State Registries, questions pertaining to my past employment, criminal, driving and educational history, as well as, information regarding my general character and reputation.

Further, I authorize any individual, company, business entity, institution, or government agency having relevant information to furnish CMCCAA, and its agents, or assignees with that information. I agree to release and hold harmless CMCCAA from any and all liability with respect to receipt of such information and acknowledge that CMCCAA is relying on third party information and therefore release CMCCAA, its agents, and employees from any and all liability arising out of errors or omissions.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of CMCCAA.

CMCCAA is a drug-free environment. All positions are subject to periodic or random drug and alcohol tests.

Signature of Applicant

Date

Voluntary Affirmative Action Information

Applicant Name: _____
Last First Middle Initial

Telephone: ____ () _____ Cell Phone: ____ () _____

Address: _____
Street City State Zip

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort comply with requirements regarding government recordkeeping, reporting, and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is **not** a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Check one: Male Female

Check one of the following Race/Ethnic Groups:

- Hispanic or Latino American Indian or Alaskan Native Asian
 Black or African American Native Hawaiian or other Pacific Islander White

Special Notice to Vietnam Era Veterans, Desert Storm Veterans, Disabled Veterans, and Individuals with Physical or Mental Handicaps or Disabilities:

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam and Desert Storm Era, and handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential, and refusal to provide this information will not adversely affect your consideration for employment.

If you wish to be identified, please check if any of the following are applicable:

- Vietnam Era Veteran Desert Storm Veteran Disabled Veteran Individual with a Disability

To be completed by applicant—Not for interview purposes—To be filed separately from application.

This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or necessitated by another federal law or regulation.

For Human Resources Department Use Only

Position(s) Applied for: _____

Available Not Available

Other positions considered for: _____

Hired: Yes No Date of Hire: _____

Position hired for: _____

EEO Classification:

- Executives/Senior level officials and managers 1.1
- Officials and Managers 1.2
- Professionals 2
- Technicians 3
- Sales 4
- Office and Clerical 5
- Craft Workers (skilled) 6
- Operatives (semi-skilled) 7
- Laborers 8
- Service Workers 9

Notes: _____

Completed by: _____

Date: _____

Voluntary Self-Identification of Disability

Form CC-305

OMB Control Number 1250-0005

Expires 1/31/2020 Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities :

To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way. If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.