

# WALDO COMMUNITY ACTION PARTNERS

**EMPLOYMENT APPLICATION**

WCAP will provide equal opportunity to all persons without regard to age, race, religion, ancestry, color, sex, sexual orientation, national origin, or physical/mental disability in hiring, placement, promotion, salary determination, or other conditions of employment.

**General Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name | | | First Name | | Middle Name | | |
|  | | |  | |  | | |
| Address | | City/Town | | | State | | ZIP |
|  | |  | | |  | |  |
| Phone (Day) | Phone (Evening) | | | E-Mail | | Are you under 18 years of age? | |
|  |  | | |  | | Yes  No | |

**Application Information**

|  |  |  |
| --- | --- | --- |
| Which position are you applying for? | | When would you be available to start work? |
|  | |  |
| Which locations are you interested in working at? Please list in order of preference. | | |
| 1. |  | |
| 2. |  | |
| 3. |  | |
| Are you capable of performing essential functions of the position for which you are applying with or without an accommodation? | | |
| Yes  No | | |
| What encouraged you to apply for a position at Waldo Community Action Partners? | | |
| Company Reputation  Friend/Relative  Newspaper Ad  Employment Agency  Jobs in Maine  MANP Job Board  Facebook  Other: | | |

**Organization History**

Have you ever been employed with us? Yes  No

If yes, please state years of employment and positions held, as well as your name while employed (if different from your present name) below:

|  |  |  |
| --- | --- | --- |
| **Position Held** | **Year** | **Name While Employed** |
|  |  |  |
|  |  |  |

**Employment History**

List all employers, starting with the most recent position. Please include self-employment, summer, and part-time jobs. All information must be completed. In addition to completing the following information, a current resume may be submitted with this application.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Employer | | Job Title | | | | Employer Telephone | |
|  | |  | | | |  | |
| Address | City/Town | | State | ZIP | | Start Date | End Date |
|  |  | |  |  | |  |  |
| Work Performed | | | | | | | |
|  | | | | | | | |
| Reason for Leaving | | | | | Supervisor | | |
|  | | | | |  | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Employer | | Job Title | | | | Employer Telephone | |
|  | |  | | | |  | |
| Address | City/Town | | State | ZIP | | Start Date | End Date |
|  |  | |  |  | |  |  |
| Work Performed | | | | | | | |
|  | | | | | | | |
| Reason for Leaving | | | | | Supervisor | | |
|  | | | | |  | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Employer | | Job Title | | | | Employer Telephone | |
|  | |  | | | |  | |
| Address | City/Town | | State | ZIP | | Start Date | End Date |
|  |  | |  |  | |  |  |
| Work Performed | | | | | | | |
|  | | | | | | | |
| Reason for Leaving | | | | | Supervisor | | |
|  | | | | |  | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Employer | | Job Title | | | | Employer Telephone | |
|  | |  | | | |  | |
| Address | City/Town | | State | ZIP | | Start Date | End Date |
|  |  | |  |  | |  |  |
| Work Performed | | | | | | | |
|  | | | | | | | |
| Reason for Leaving | | | | | Supervisor | | |
|  | | | | |  | | |

|  |  |
| --- | --- |
| If currently employed, why do you desire to change your position? | May we contact your present employer? |
|  | Yes  No |

**Education Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| School | Major Studies | | Years Completed | | Degree/Diploma |
|  |  | |  | |  |
| Address | | City/Town | State | ZIP | |
|  | |  |  |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| School | Major Studies | | Years Completed | | Degree/Diploma |
|  |  | |  | |  |
| Address | | City/Town | State | ZIP | |
|  | |  |  |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| School | Major Studies | | Years Completed | | Degree/Diploma |
|  |  | |  | |  |
| Address | | City/Town | State | ZIP | |
|  | |  |  |  | |

**Skills, Certifications & Other Qualifications**

|  |
| --- |
| Languages Spoken |
| English  Spanish  French  Arabic  Chinese  Other: |
| Computer Proficiency (please check all that you have training or experience with) |
| Windows  Mac  Linux  Microsoft Word  Microsoft Excel  Microsoft Outlook  Microsoft PowerPoint  Microsoft Access  Databases  Adobe Creative Suite  Other: |
| Volunteer Activities |
|  |
| Please describe any other skills, certifications, licenses, or qualifications and training that may be helpful in considering your application: |
|  |

**References**

Please give the name, address, and telephone number of three professional references who are not related to you.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Relationship | | Years Known | | Phone Number |
|  |  | |  | |  |
| Address | | City/Town | State | ZIP | |
|  | |  |  |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Relationship | | Years Known | | Phone Number |
|  |  | |  | |  |
| Address | | City/Town | State | ZIP | |
|  | |  |  |  | |

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| --- | --- | --- | --- | --- | --- |
| Name | Relationship | | Years Known | | Phone Number |
|  |  | |  | |  |
| Address | | City/Town | State | ZIP | |
|  | |  |  |  | |

**Criminal History**

Conviction will not automatically disqualify you from employment but will be considered in relation to specific job requirements.

|  |  |  |
| --- | --- | --- |
| Have you ever been convicted of a felony? | If yes, please explain: | |
| Yes  No |  | |
| Please disclose all other names that you have previously used: | | Date(s) Used |
|  | |  |

**Application Certification and Agreement**

*I voluntarily give WCAP the right to make a thorough investigation of my past education and employment activities, criminal conviction records, and medical or personal history that is job related. I agree to cooperate in such investigation and release from all liability or responsibility all persons, companies, and corporations supplying such information. I consent to taking any physical examination, medical or drug tests which may be required by WCAP upon receiving a conditional offer of employment or in the future, in order to determine my ability to perform job duties. I agree to wear or use protective clothing or devices as required by WCAP and to comply with all safety rules.*

*I understand that if I accept employment at WCAP, I can terminate employment at any time and can be terminated at any time, with or without cause, and that there is no contract, expressed or implied, for continued employment.*

*I certify that the above information and any information provided on my resume is true and accurate to the best of my knowledge. I understand that if I misrepresent or deliberately leave out a fact in my application or resume, I may be refused employment or, if I am employed, I may be terminated immediately.*

|  |  |
| --- | --- |
| Signature | Date |
|  |  |

Applications can be sent electronically via e-mail to [info@waldocap.org](mailto:info@waldocap.org) or printed and faxed to (207) 338-6812. You may pick up or drop off an already printed application at our administrative office located at the Belfast Center on 9 Field Street in Belfast, Suite 201. Applications can also be mailed traditionally to:

Waldo Community Action Partners  
ATTN: Human Resources

P.O. Box 130

Belfast, ME 04915