

# 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 |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 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 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