



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 <input type="checkbox"/> No <input type="checkbox"/>	

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 <input type="checkbox"/> No <input type="checkbox"/>	
What encouraged you to apply for a position at Waldo Community Action Partners?	
<input type="checkbox"/> Company Reputation <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> WCAP Employee: _____ <input type="checkbox"/> Jobs in Maine <input type="checkbox"/> MANP Job Board <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Facebook <input type="checkbox"/> 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		

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Address	City/Town	State	ZIP	Start Date	End Date	
Work Performed						
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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 <input type="checkbox"/> No <input type="checkbox"/>

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 <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> Other:
Computer Proficiency (please check all that you have training or experience with) <input type="checkbox"/> Windows <input type="checkbox"/> Mac <input type="checkbox"/> Linux <input type="checkbox"/> Microsoft Word <input type="checkbox"/> Microsoft Excel <input type="checkbox"/> Microsoft Outlook <input type="checkbox"/> Microsoft PowerPoint <input type="checkbox"/> Microsoft Access <input type="checkbox"/> Databases <input type="checkbox"/> Adobe Creative Suite <input type="checkbox"/> 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

Application Certification and Agreement

I voluntarily give WCAP the right to make a thorough investigation of my past education and employment activities 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
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Applications can be sent electronically via e-mail to hr@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