

_____ () _____
 Name Address City State Zip Phone Number

_____ () _____
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Previous Employment and References:

(Give in chronological order beginning with most recent position).

	(1) Present or Last Employer	(2) Previously Employed by	(3) Previously Employed by	(4) Previously Employed by
Name of Firm				
Address				
Name of Supervisor				
Nature of Business				
Dates of Employment				
Position(s) Held				
Ending Salary				
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper

Please check employers we may not contact: ___ 1 ___ 2 ___ 3 ___ 4

Summarize special skills and qualifications acquired from employment or other experience you consider relevant to the job for which you are applying: _____

Have you been terminated from any prior job? Yes No

If yes, please list: _____

Education:

	Name of School and Location	Did You Graduate?
High School		
Business/Trade		
College/University		
Graduate/Professional		

Agreement:

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application.



Application Information Acknowledgement

Please read the following, then sign and submit it as part of your application for employment at Indiana County Community Action Program, Inc.:

1. There is no guarantee of a job offer or a job interview when submitting an application.
2. Your application must contain a signed ICCAP Application for Employment and this Acknowledgement Form. A Resume with Cover Letter is helpful if available.
3. Positions are filled according to posted job titles. Please be specific when applying for a position; listing "ANY position" is not an acceptable response on our Application for Employment.
4. Your application for employment will remain on file with Indiana County Community Action Program, Inc. for a period of one year. However, if there are future and/or other job postings for which you wish to apply, you must complete a new application for each posting.
5. All employees must carry liability insurance of three hundred thousand (\$300,000) dollars on their private vehicles. Documentation of motor vehicle liability insurance must be provided at the time of hire.
6. If you are hired for employment, you will be subject to the following checks:
 - a. Criminal Record Check
 - b. Child Abuse History Clearance (This document comes to your home address. If hired, employment may be terminated if this clearance is not in your personnel file within 60 days of hire)
 - c. Motor Vehicle Report

I have read the above statements.

Signature of Applicant

Date