

Indiana County Community Action Program, Inc. Application for Employment

Position(s) Applied For: Referral Source: Advertisement Friend Relative Employment Agency Other:
Employment Agency Other:
Name: Last First Middle Address: Street City State ZIP Telephone: (
Last First Middle Address: Street City State ZIP Telephone: () Alternate Telephone: () Email address: Have you filed an application or been employed here before? Yes No Have you ever worked for ICCAP under a different name? Yes No Is additional information relative to change of name, use of an assumed name or nickname, necessed enable a check of your work record? Yes No Are you a citizen of the United States? Yes No If not a citizen of the United States, do you intend to become a citizen of the United States? Yes No If not a citizen of the United States,
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have you the legal right to remain permanently in the United States? Yes No
Do you intend to remain in the United States? Yes No
Are you available to work: Full Time Part Time On Shifts
Name of applicant's relatives already employed by ICCAP:
Are you 18 or older? Yes No If not, state your age:
Have you been convicted of a felony or any offense involving the sexual molestation, physical or second rape of a minor (child under the age of 18)? Yes No
Have you been convicted of a felony, misdemeanor (excluding minor traffic violations), or released prison? Yes No
If yes, describe in full, including date(s):
Are you on lay-off and subject to recall? Yes

Have you been bonde	d?		Yes	No
If yes, for what position	on(s)?			
Are you a Veteran?			Yes	No
If yes, what was your	branch of Military Ser	rvice?		
ability to do the job fo	ional Organizations of or which you are apply igion, color, sex, nation	ing, including offices l	neld (exclude those or	
Give name, address, a	and phone number of the	hree employment rela	ted references (Not p	ersonal references)
Name	Address	City	State Zip	Phone Number
Name	Address	City	State Zip	Phone Number
Name	Address	City	State Zip	Phone Number
Previous Employn	nent and Reference	es:		
(Give in chronological	l order beginning with	most recent position).		
	(1)	(2)	(3)	(4)
	Present or Last Employer	Previously Employed by	Previously Employed by	Previously Employed by
Name of Firm		•		•
Name of Firm Address		•		•
Address Name of		•		-
Address Name of Supervisor		•		•
Address Name of Supervisor Nature of Business Dates of		•		-
Name of Firm Address Name of Supervisor Nature of Business Dates of Employment Position(s) Held		•		-
Address Name of Supervisor Nature of Business Dates of Employment Position(s) Held Reason for Leaving	Employer	Employed by		-
Address Name of Supervisor Nature of Business Dates of Employment Position(s) Held Reason for Leaving If you need additional space		Employed by	Employed by	Employed by

Summarize special skills relevant to the job for wh			red from employment or other experience	e you consider
Have you been terminated from any prior job?			Yes	No
If yes, please list:				
Education:				
	Name of Sch and Location			Did You Graduate?
High School				
Business/Trade				
College/University				
Graduate/Professional				
Agreement:				
I authorize you to make suc	h investigations a y in arriving at a	and inquiri n employm	te to the best of my knowledge. ies of my personal, employment, financial, and lent decision. I hereby release employers, school h my application.	
			misleading information given in my applicatio required to abide by all rules and regulations o	
Signature of Applicant			Date	
For Personnel Depar	tment Use O	nly:		
Arrange interview:	Yes	No	Date:	
Remarks:				
Employed:	Yes _	No	Date of Employment:	
Job Title:			Department:	
Hourly Rate/Salary:			Supervisor:	



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. If required, a FBI clearance with fingerprinting.
 - d. Motor Vehicle Report

I have read the above statements.	
Signature of Applicant	Date

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