



Community Action Program of Lancaster County

P.O. Box 599, 601 S. Queen Street
Lancaster, PA 17608-0599

Application for Employment

To be sure your application is properly evaluated all questions should be answered as carefully and completely as possible. If you need more space for your answers, please use last page of application. Feel free to add any information, which may help us to place you where you are best qualified. You may also attach a copy of your resume. However, it is required that you submit the completed application form.

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard for race, color, religious creed, ancestry, national origin, age, sex, marital status, disability, sexual orientation, or the presence of a non-job-related medical condition.

PLEASE READ PRIOR TO COMPLETING APPLICATION
CERTIFICATION MUST BE SIGNED FOR APPLICATION TO BE CONSIDERED

NOTE: Public Law 91-508 Fair Credit Reporting Act requires that we advise you that a routine inquiry may be made during our initial or subsequent processing of your employment application which will provide information concerning your character, general reputation, personal characteristics and past employment history. Upon your written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided to you.

CERTIFICATION: I understand that if I am employed and if any statement herein is not true or if my references are not entirely satisfactory to CAP of Lancaster County, I may be released immediately. If I am released for either of these reasons I will be paid only through the day of release. If I am employed, I further understand and agree that when my employment is terminated by retirement or otherwise, I must return all property belonging to CAP of Lancaster County, including keys, manuals, tools and equipment, before I am entitled to final payment of any amounts due me on separation.

I hereby authorize CAP of Lancaster County to make an investigation as described above.

I also understand if Federal or State regulations, insurance or company rules establish special requirements on this job, I may be required to furnish proof of age, driver's license, or other pertinent information

Print your name

Date

Signature of Applicant

PLEASE PRINT OR TYPE

NAME: (FIRST, MIDDLE, LAST)	
ADDRESS:	PHONE NUMBER:
RELATIVES OR FRIENDS WORKING WITH US:	REFERRED TO US BY:
HAVE YOU EVER WORKED OR ATTENDED SCHOOL UNDER A DIFFERENT NAME? YES † NO †	HAVE YOU WORKED AT CAP BEFORE? YES † NO †
WHAT NAME:	WHEN: WHERE:
HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES † NO †	
PLEASE EXPLAIN:	
CAN YOU PERFORM THE FUNCTIONS OF THIS SPECIFIC JOB WITH OR WITHOUT REASONABLE ACCOMODATION?	
IF YOU ARE NOT A U.S. CITIZEN, DO YOU HAVE THE NECESSARY PAPERS TO ALLOW YOU TO WORK HERE?	
FOR WHAT POSITION ARE YOU APPLYING?	WHAT IS YOUR OCCUPATIONAL GOAL?
WHEN CAN YOU START?	WHAT ARE YOUR SALARY REQUIREMENTS?
PLEASE EXPLAIN WHY YOU ARE APPLYING FOR THIS JOB.	

EDUCATIONAL BACKGROUND

SCHOOL ATTENDED	CITY, STATE	YEARS COMPLETED	DEGREE/MAJOR/MINOR
HIGH SCHOOL			
COLLEGE			
OTHER			

YOU MAY BE ASKED TO PROVIDE PROOF OF GRADUATION
LIST ANY HONORS, SCHOLARSHIPS, AWARDS ON THE SUPPLEMENTAL PAGE

EMPLOYMENT HISTORY

ACCOUNT FOR ALL EMPLOYMENT IN THE LAST TEN YEARS,
WITH LAST OR CURRENT JOB LISTED FIRST

DATES:	EMPLOYER	ADDRESS	PHONE
POSITION HELD	REASON FOR LEAVING		SUPERVISOR
SUMMARY OF DUTIES:		FINAL SALARY/WAGE	

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SUMMARY OF DUTIES:		FINAL SALARY/WAGE	

MILITARY SERVICE

BRANCH OF SERVICE:	RANK AT DISCHARGE
SPECIAL TRAINING:	DATES OF SERVICE

PROFESSIONAL REFERENCES

NAME:	ADDRESS:	PHONE NUMBER:
NAME:	ADDRESS:	PHONE NUMBER:
NAME:	ADDRESS:	PHONE NUMBER:

NAME: _____

DATE: _____

PLEASE USE THIS SHEET FOR ANY ADDITIONAL INFORMATION