



1100 Adams Ave
 Montgomery, AL 36104
 334-263-3474

Job Application

Position:

Personal Information Please Print Clearly

Last	First	MI	Email			
Street Address		City	ST	Zip	Home Phone	Cell Phone
Are you eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you 19 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Previous Names used:	

We are an Equal Opportunity Employer and an At Will Employer. Employment with our Agency is at the will of the employer.
 Please complete all sections of this application. You must review and sign the disclosure and authorization statement on the back of this application.

Have you been convicted of a crime that would prevent you from clearing suitability? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:	
Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch	Valid Drivers License? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever worked for Community Action before? If yes, When and what was your title		NOTE: Many of our positions require travel and would require a valid drivers license
How did you hear about this position?		
Are you a current or former Head Start Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you related to a current employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, who?
Are you related to any of the members on the Board of Directors or Head Start Policy Council? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Who?
Can you perform all the essential functions of the position for which you are applying for? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, please explain.

Education

Name/Location	Last Year Complete				Graduated?		Degree	Major
	9	10	11	12	Yes___	No___		
High School					Yes___	No___		
Trade School					Yes___	No___		
College/University					Yes___	No___		
College/University					Yes___	No___		
Other								
List any applicable certifications, training or licenses.								

Prior Work Experience

	Current or Most Recent	Prior	Prior
Employer			
Address			
City, ST, ZIP			
Telephone			
Name of Immediate Supervisor			
Dates of Employment	From To	From To	From To
Position/Job Title			
Primary job duty			
Reason for Leaving			
May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Prior Work Experience

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Employer			
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City, ST, ZIP			
Telephone			
Name of Immediate Supervisor			
Dates of Employment	From To	From To	From To
Position/Job Title			
Primary job duty			
Reason for Leaving			
May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
References			
Name	Title	Company	Phone #

Disclosure and Authorization Statement - MCAC provides employment, training, compensation and other conditions of employment without regard to race, color, creed, disability, national origin, sex, age, political affiliation, belief or handicapping condition, except where age, or physical capabilities/ capacities are essential, bona fide occupational requirements. Managers and employees at all locations shall comply with Federal, State and Local law, Government Regulations and Executive Orders not to interfere with, restrain, coerce or discriminate against any employee or applicant for employment because of race, color, creed, national origin, sex, age, political affiliation or belief or because the employee or applicant is handicapped or a disabled veteran. As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the United States, have a physical examination, background checks, TB test, suitability, and/or a drug test, and to sign a conflict of interest agreement and abide by its terms. I also understand that my initial and continued employment is conditioned on my being able to perform the essential functions of the job according to the standards set by the Agency. with or without reasonable

It is agree and understood that this application for Employment in no way obligates the Agency to employ me and that any offer of employment is subject to the terms and conditions stated on this application form. I agree and understand that my employment is for no defined duration and may be terminated at will by either the Agency or me. I agree and understand that participation in any benefit program of the Agency does not create a contract of employment. Additionally, the Agency policies ofr other statements are not a contract, shuld not be construed as a contract and cannot create a contract of employment for any defined duration.

By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding my previous and current work records.

Applicant's Signature

Date