

# CAASTLC

*Community Action Agency of St. Louis County, Inc.*

2709 Woodson Road • St. Louis, MO 63114

Office: (314) 863-0015 • Fax: (314) 863-1252 • <http://www.caastlc.org/index.html>

## Application for Employment

### PERSONAL INFORMATION:

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### EMPLOYMENT DESIRED:

Position(s) applied for or type of work desired: \_\_\_\_\_

Type of employment desired:      Full-time      Part-time      Temporary

Date you will be available to work: \_\_\_\_\_

Are you able to meet the attendance requirement?      Yes      No

Do you have objections to working overtime if necessary?      Yes      No

Can you travel if required by this position?      Yes      No

Have you ever been previously employed by CAASTLC, Inc.?      Yes      No

Are you now employed?      Yes      No

If currently employed, may we inquire of your present employer?      Yes      No

Can you submit proof of legal employment authorization and identity?      Yes      No

If under 18, can you furnish a work permit, if that is required?      Yes      No

Driver's license number (if driving is an essential job duty) \_\_\_\_\_

Issuing State: \_\_\_\_\_ Auto Insurance Carrier: \_\_\_\_\_

Do you have the capacity to perform the duties for which you have applied?      Yes      No

If No, please explain: \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

Do you currently have friends or relatives employed by CAASTLC, Inc. or who are current members of the Board of Directors?      Yes      No

**EMPLOYMENT HISTORY:**

Please provide all employment information for your past four employers starting with the most recent.

Current Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Immediate supervisor and title: \_\_\_\_\_  
Dates employed: from: \_\_\_\_\_ to: \_\_\_\_\_ Salary: \_\_\_\_\_  
Job Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Immediate supervisor and title: \_\_\_\_\_  
Dates employed: from: \_\_\_\_\_ to: \_\_\_\_\_ Salary: \_\_\_\_\_  
Job Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Immediate supervisor and title: \_\_\_\_\_  
Dates employed: from: \_\_\_\_\_ to: \_\_\_\_\_ Salary: \_\_\_\_\_  
Job Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Immediate supervisor and title: \_\_\_\_\_  
Dates employed: from: \_\_\_\_\_ to: \_\_\_\_\_ Salary: \_\_\_\_\_  
Job Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**OTHER SKILLS AND QUALIFICATIONS:**

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

\_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL HISTORY:**

	School Name	Location	Years Completed	Course of Study	Degrees Earned
High School					
College					
Technical Training					
Other					

**REFERENCES**

List three (3) references (do not include relatives or employers)

Name	Email Address	Phone Number

In case of emergency please notify:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within 3 days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

10/17/16

**Please remember to attach your Resume and Cover Letter to your Application Email**