



Middle Georgia *Heart of Georgia*
Community Action Agency, Inc. **Community Action Council, Inc.**

Post Office Box 2286
 Warner Robins, GA. 31099-2286
 Phone (478) 922-4464
 Fax (478) 922-7320
 Visit our website at www.mgcaa.org

Application for Employment

Equal opportunity employer. This application for employment will not be considered unless fully completed.

	Last Name	First Name	Middle Name	Social Security Number
Street Address				
City, State and Zip Code		Telephone Number (Including Area Code)		Alternate Telephone (Including Area Code)
Have you ever been employed by this agency or any of its subsidiaries? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes:				
Location			Dates of employment	
Reason for leaving			Name employed under if now different	
Position you are applying for		Rate of pay expected		Date you can start work
List relatives employed by MGCAA, how related and where they work: _____				
Are you 18 years of age or older? <input type="checkbox"/> Yes (If under 18, applicant will be required to submit a birth certificate or a work <input type="checkbox"/> No certificate as required by the state or federal laws.)				
Type of employment you are seeking. <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time Note: Part time is less than 30 hrs per week.				
Can you, after employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Check the highest level or equivalent completed:				
Elementary School		High School		College/Tech
<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8 or less		9 10 11 12		1 2 3 4
Are you currently a student? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of college, university or vo-tech attended: _____				
EMPLOYMENT HISTORY: List entire employment history, starting with your present employer. For any unemployed or self employed periods show dates and location. (Attach additional sheets if necessary.)				
Company Name: _____		Your Job: _____		Last Pay Rate: _____
Address: _____		Supervisor's Name: _____		Reason for Leaving: _____
City/State/Zip: _____		Dates Employed: From: _____		
Phone No#: _____		To: _____		
Company Name: _____		Your Job: _____		Last Pay Rate: _____
Address: _____		Supervisor's Name: _____		Reason for Leaving: _____
City/State/Zip: _____		Dates Employed: From: _____		
Phone No#: _____		To: _____		
Company Name: _____		Your Job: _____		Last Pay Rate: _____
Address: _____		Supervisor's Name: _____		Reason for Leaving: _____
City/State/Zip: _____		Dates Employed: From: _____		
Phone No#: _____		To: _____		
If currently employed, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				

First Name:

Please Print Last Name:

DECLARATION

Have you ever been dismissed from any government position? <input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Have you ever been convicted of any form of child abuse/neglect? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been convicted of any type of theft or fraud? <input type="checkbox"/> Yes <input type="checkbox"/> No <p style="font-size: small;">If Yes, identify the crime for which you were convicted, the date of the conviction and the location of the court in which you were convicted. Please provide any details you feel are relevant. Conviction of a crime will not automatically disqualify you from consideration for employment, but will be considered as part of an overall evaluation of your qualifications.</p>
Do you have any pending or prior arrests? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any pending or prior charges related to child sexual abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes to any of the above, Please explain: _____ _____ _____	

List two (2) people (no relatives) you have worked with and whom we may contact for a reference if necessary:

Name: _____	Name: _____
Occupation: _____	Occupation: _____
Address: _____	Address: _____
City/State: _____ Ph. # _____	City/State: _____ Ph. # _____

Do you have friends or relatives working for the agency? (Check one, if applicable)

If Yes, who? _____

IMPORTANT – We are glad you are interested in joining our Agency. Please read the following statements carefully before you sign and return this application.

The company, in considering my application for employment may verify the information set forth on this application and obtain additional background information relating to my background. I authorize all persons, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any information concerning my background. I have read, understand, and agree to this statement,
 (Please initial here.) _____

I understand that MGCAA, Inc. has a commitment to maintain an alcohol/drug-free workplace and that MGCAA, unless prohibited by state laws, requires a drug screening test as a part of its selection and hiring process. I understand that such drug screening will consist of the testing of a urine sample or other medically recognized test designed to detect traceable amount of a controlled substance in my body. If the results of the test are positive, I will be disqualified from consideration for employment and any offer of employment withdrawn. I further understand and agree that if I am employed, I may be required to submit to alcohol/drug testing under certain circumstances during my employment. I have read, understand, and agree to the statement above,
 (Please initial here.) _____

I certify that the information on this application is correct and I understand that any misrepresentation or omission of any information will result in my disqualification from consideration for employment or, if employed, my dismissal. I understand that this application is not a contract, offer, or promise of employment and that if hired I will be able to resign at any time for any reason. Likewise, the company can terminate my employment at any time with or without cause. I have read, understand, and agree to this statement,
 (Please initial here.) _____

I understand that this application is good only for the position for which I am applying. If I desire any other position with the company, it will be my responsibility to fill out a new application and file it with the company. Otherwise, the company will not consider me for employment after this application expires.

 Date of Application

 Signature as shown on Social Security Card