

Employment History

Provide the following information for your past and present employers, assignments, or volunteer activities starting with the most recent (use additional space provided if necessary). Explain any gaps in employment in the comments section below.

EMPLOYER	TELEPHONE	DATES EMPLOYED FROM TO		SUMMARIZE THE TYPE OF WORK PERFORMED AND RESPONSIBILITIES
ADDRESS				
JOB TITLE	RATE/SALARY STARTING	RATE/SALARY FINAL		
IMMEDIATE SUPERVISOR & TITLE	\$ PER	\$ PER		
REASON FOR LEAVING	MAY WE CONTACT FOR REFERENCE			
	YES	NO		

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IMMEDIATE SUPERVISOR & TITLE	\$ PER	\$ PER		
REASON FOR LEAVING	MAY WE CONTACT FOR REFERENCE			
	YES	NO		

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	YES	NO		

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancelation of this application or immediate discharge from the employer’s service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering, and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question or this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and the employer reserves the same right to terminate my employment at any time, with or without cause except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. Resignation must be submitted in accordance with the agency’s personnel policies and procedures.

I understand it is this company’s policy not to refuse to hire a qualified individual with a disability because of that person’s need for a reassurance accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identify and legal work authorization within three (3) days.

I understand that the condition of my employment is subject to a background screening.

I further understand that this company is a **DRUG FREE WORKPLACE** and if selected for employment, I must submit to a drug test prior to being employed and during employment.

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

Employment applications are the property of the agency.

Signature of Applicant

Date

HOW DID YOU HEAR ABOUT THIS OPENING? PLEASE MARK BELOW:

- | | | | |
|--------------------------|-------|---------------------|-------|
| Pensacola News Journal | _____ | CareerBuilder.com | _____ |
| Workforce Escarosa | _____ | CAPC Start Employee | _____ |
| Community Action Program | _____ | CAPC FaceBook Page | _____ |
| CAPC Website | _____ | CAPC ENews | _____ |
| Other (please list) | _____ | | |