

# SPCAA Application For Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of disability or any other legally protected status.

Application date:

Position(s) Applied For:

## Name

First

Middle

Last

Maiden (if Applicable)

## Address

Address

  

City

State

Zip

## Telephone and Email

Home

Cell

Other

Email

Are you eighteen (18) years of age or older?

Yes  No

Are you legally eligible to work in the United States?(Documentation will be required if hired)

Yes  No

Do you have a valid drivers permit?

Yes  No If so, what type?

Have you ever filled out an application here before?

Yes  No If so did you last fill out an application?

Have you ever been employed by SPCAA before?

Yes  No If so, when was your last Work session?

Are you employed now?

Yes  No

If yes, may we contact your present employer?

Yes  No

What date would you be available to work?

Availability work schedule check all that apply.

FullTime  PartTime  Health Provider

Are you willing to travel?

Yes  No

Are you related to anyone who is currently employed by South Plains Community Action?

Yes  No If so Who?  Relationship

Are you a parent of a child in the SPCAA Head Start program, have you ever volunteered with any division of SPCAA, or have you served on the board or any committee?

Yes  No If so, provide details

Have you been convicted of a felony within the last 7 years? (Conviction will not necessarily disqualify applicant from employment)

Yes  No If so, provide details

Do you have any current obligation as a result of conditions of probation or parole?

Yes  No If so, please explain

Veteran of the U.S. Military?

Yes  No If so, which branch?

Discharge Date:

Check any that applies:

Vietnam Veteran  Disabled Veteran  Other (specify)

Indicate languages, other than English, you speak, read, and/or write.

## Education

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High School or GED completed?

Yes  No If no, provide highest grade completed.

Colleges, Universities or Trade Schools attended

**Name of School**  **City/State**

**Degree/Major**  **Years Attended**

List any professional licenses or certifications, special certificates, skills, and/ or qualifications (CPR, first aid, computer skills, accounting, bookkeeping, etc.) that apply.

## References

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Please provide name, relationship and phone numbers of 3 **personal references** who are not related to you and are not previous employers.

**Name**  **Years Known**

**Relationship**  **DayTime Telephone**  **Email**

**Name**  **Years Known**

<b>Relationship</b>	<b>DayTime Telephone</b>	<b>Email</b>

<b>Name</b>	<b>Years Known</b>

<b>Relationship</b>	<b>DayTime Telephone</b>	<b>Email</b>

Please provide name, relationship, and telephone numbers of 3 **business references** who are not related to you.

<b>Name</b>	<b>Years Known</b>

<b>Relationship</b>	<b>DayTime Telephone</b>	<b>Email</b>

<b>Name</b>	<b>Years Known</b>

<b>Relationship</b>	<b>DayTime Telephone</b>	<b>Email</b>

<b>Name</b>	<b>Years Known</b>

<b>Relationship</b>	<b>DayTime Telephone</b>	<b>Email</b>

## Employment History

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<b>Company</b>	<b>Telephone</b>

<b>Dates of Employment</b>		
<b>Email</b>	<b>From</b>	<b>To</b>

<b>Address</b>	<b>Hourly Pay</b>	<b>Start</b>	<b>End</b>

<b>Position &amp; Work Performed</b>	<b>Name &amp; Title of Supervisor</b>

<b>Company</b>	<b>Telephone</b>

<b>Dates of Employment</b>		
<b>Email</b>	<b>From</b>	<b>To</b>

<b>Address</b>	<b>Hourly Pay</b>	
	<b>Start</b>	<b>End</b>

<b>Position &amp; Work Performed</b>	<b>Name &amp; Title of Supervisor</b>

<b>Company</b>	<b>Telephone</b>

<b>Dates of Employment</b>		
<b>Email</b>	<b>From</b>	<b>To</b>

<b>Address</b>	<b>Hourly Pay</b>	
	<b>Start</b>	<b>End</b>

<b>Position &amp; Work Performed</b>	<b>Name &amp; Title of Supervisor</b>

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If the position you are applying for requires proficiency testing, are you willing to take the test?  
 Yes  No

SPCAA has a Drug-Free work place policy. If you are employed, you may be required to submit a drug/alcohol test. If so are you willing to take submit to drug/alcohol testing?  
 Yes  No

In the last (2) years, have you tested positive or refused to test on any pre-employment drug/alcohol test?  
 Yes  No

If employed, are you willing to allow a Criminal History Check to be conducted?  
 Yes  No

## **Application Statement**

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I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at a decision and I agree to release all parties providing pertinent information from any and all liability from any damages which may result from the furnishings of such information. SPCAA

only accepts application for open positions. I understand that this application may be considered active for a period of up to 60 days. Job listings may be viewed on the SPCAA website at [www.spcaa.org](http://www.spcaa.org).

I understand that neither this document nor any offer of employment from the employer constitutes an employment contract. I also understand that SPCAA is an "atwill" employer and employees can be terminated at any time, with or without cause, and with or without notice. I also understand that no employment with SPCAA is for a fixed or definite term.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that all SPCAA employees are required to abide by all rules and regulations of SPCAA. In addition, I understand that, if employed, my employer, South Plains Community Action Association, Inc., does not subscribe to Worker's Compensation Insurance.

I have not committed, or been convicted of committing a fraudulent act against SPCAA or any programs administered by SPCAA.

I understand that the electronic submission of this application or signature below indicates agreement to the Applicant Statement above.

**Applicant Signature**

**Date**

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An Equal Opportunity Employer and Programs. Auxiliary aids and services are available upon request to individuals with disabilities.