



Initial Review: Yes No
Date _____ Review _____

COMMUNITY BASED ORGANIZATION PARTNERS (CBOP) APPLICATION FOR EMPLOYMENT

*We appreciate your interest in working at Community Based Organization Partners (CBOP). We are an equal opportunity employer and do not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability, handicap, veteran status, or any other protected class; per law. This application was designed for use by persons applying for various types of positions –Professional, Technical, Clerical, Administrative, etc. **Please answer ALL questions that apply.***
PLEASE PRINT.

Date _____ Position Applied For: _____

Name _____ E-mail address _____
Last First Middle

Address _____
Street Apartment Number

City State Zip

Length of time at this address: _____ Previous address if less than one (1) year at above address: _____

Telephone Number (____) _____ Cell Phone Number (____) _____

Are you legally authorized to work in the United States? Yes No (If offered employment, you will be required to provide documentation to verify eligibility)

Are you 18 years old Yes No. If offered employment & you are under 18; can you furnish a work permit? Yes No

Have you worked for CBOP before? Yes No
If yes, give dates & position(s) held _____

Have you ever pled guilty or “no contest” to, or been convicted of a serious misdemeanor or felony? Yes No (Answering “yes” to this question does not constitute an automatic bar to employment, other factors will be taken into account.)
If yes, please give date(s) and details: _____

Can you perform the essential functions of the job, with or without accommodation, for which you are applying? Yes No

Please list each type of experience, skills, qualifications, and/or specialized equipment you are skilled in operating that you feel would especially qualify you for the position in which you are applying. (Applicants are invited to submit resumes or other pertinent information in written form) _____

DRIVER’S LICENSE INFORMATION

Do you currently hold a valid driver license? Yes No If no, please explain: _____

State of License: _____ Driver License #: _____ Expiration Date: _____

Have you had any moving violations or accidents in the Past 3 years? Yes No If no, please explain: _____

AVAILABILITY

On what date would you be available to start work? _____

Are you available for work: Full-Time Part-Time Shift Work Temporary

How many hours can you work weekly? _____ Are you available to work nights? Yes No

Are you able to work weekends? Yes No Do you have access to transportation? Yes No

EDUCATION AND TRAINING

Type of School	Name of School	Address of School	Did You Graduate	Type of Degree	Number of Years Attended
High School					
College					
Graduate School					
Technical/ Trade School					
Other					

Please list awards, scholarships, honors received (includes publications, inventions, technical awards, etc.) _____

Please list professional certifications, licenses, or designations, and dates received _____

Please list any special skills and abilities you possess related to this position _____

EMPLOYMENT HISTORY

This portion of the application must be completed even if a resume is submitted. Starting with the most recent employer, list full-time and part-time jobs, summer or volunteer work during the last 5 years. **Include periods of military service**, self-employment, and unemployment. Please leave no unexplained gaps. **Attach additional sheets if necessary.**

1	Name of Present or Past Employer	Telephone # ()
	Address	Employed (Month and Year) From: _____ to _____
	Supervisor's Name and Title	Wages Start: _____ Last: _____
	State Job Title and Describe Your Work Below	Reason for Leaving
	May we Contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Name of Previous Employer	Telephone # ()
	Address	Employed (Month and Year) From: _____ to _____
	Supervisor's Name and Title	Wages Start: _____ Last: _____
	State Job Title and Describe Your Work Below	Reason for Leaving
	May we Contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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3	Previous Employer	Telephone # ()
	Address	Employed (Month and Year) From: _____ to _____
	Supervisor's Name and Title	Wages Start: _____ Last: _____
	State Job Title and Describe Your Work Below	Reason for Leaving
	May we Contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES

Please list at least three (3) references, not related to you, whom you have known for at least one (1) year, who have knowledge of your work experience or ability.

Name	Company	Address (Street, City, State)	Phone Number	Relationship

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME:	PHONE NUMBER:
ADDRESS:	RELATIONSHIP:

Applicants Certification and Agreement *(Please read the following carefully and sign below)*

I hereby declare that the information provided by me in this Application for Employment (and in any accompanying resume) is true, correct, and complete to the best of my knowledge. I authorize the Community Based Organization Partners (CBOP), and/or its designee/agents, to investigate my past and present employment, education, and activities and verify all data provided to me on this application, on related papers, and in interviews. I authorize and give my consent for CBOP, and/or its designee/agents, to conduct reference and background checks for employment purposes. I authorize all individuals, schools, and/or firms named herein to provide any information requested about me. I release from all liability any persons, company, corporations, or educational institutions supplying such information. I release CBOP, and/or its designee/agents, from any and all liability resulting from the verification of such information. I understand that any false statement or material omission on this application, or on any supporting documents, may be grounds for non-hire, or discharge, regardless of when discovered by CBOP and/or its designee/agents.

I understand that my application does not guarantee any type of employment, however, should an employment offer be extended to me and accepted, I will fully adhere to the policies, rules, and regulations of employment of CBOP. I understand that, if I am hired, my employment can be terminated, with or without cause and with or without notice at any time, at the option of CBOP or me. I also understand that no representative of the organization has the authority to enter into any oral agreement for employment for a specified period of time, or to make an oral agreement contrary to the foregoing, except for the Board of Directors, in writing, and signed by the Board Chairperson.

If I am employed, I understand that additional personal data may be required for determination of benefit eligibility and for statistical purposes.

I understand that if I am offered employment with CBOP, I will be required to provide evidence of my identity and authorization to work in the United States. I understand that CBOP may require reference checks, background checks, and/or drug and alcohol screening as condition of employment. My signature below constitutes my understanding of the above.

Signature of Applicant: _____ Date: _____