



Community Action Center
OF NORTHFIELD

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER AN AFFIRMATIVE ACTION EMPLOYER

Please print plainly

Date _____

Name _____

Present Address _____ Telephone No. _____
Last First Middle
Street City State Zip Cell Phone No. _____

E-mail address: _____

Are you legally eligible for employment in the United States of America? (circle one) YES NO

Full Time _____	Type of Work or position desired:	
Part Time _____	Were you ever employed at the CAC before? YES NO	Earliest Date Available

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check last Year Completed	Did you Graduate?	List Diploma or Degree
Elementary And/or High	_____		9 10 11 12	____ Yes ____ No	
College	_____		1 2 3 4	____ Yes ____ No Grade Point	
College	_____		1 2 3 4	____ Yes ____ No Grade Point	
Post Graduate Others (Specify)	_____		1 2 3 4	____ Yes ____ No Grade Point	

Other training received: i.e., training course, workshops, special courses, armed services training, etc. relative to the position in which you are applying: Please estimate # of hours of training received: _____

OTHER SKILLS AND QUALIFICATIONS:

Do you know other languages? Please list: _____

Please indicate skill level: Read 1 2 3 (1 = Excellent; 2 = Good; 3 = Fair)
 Write 1 2 3
 Speak 1 2 3

Use the space below to indicate any volunteer work, internships, special skills, interests, or qualifications that may be helpful to us in evaluating your suitability/qualifications for the job.

A record of criminal conviction is not an automatic bar to employment, will consider the nature of the conviction in relation to the job at issue, the amount of time since conviction, employment history and all other relevant facts and circumstances in making the hiring decision.

Have you ever been convicted of a felony? _____ If yes, explain: _____

PROFESSIONAL REFERENCES: List three persons who are not related to you who would have knowledge of your qualifications for the position for which you are applying such as present and/or former co-workers , teachers, etc. Do not repeat names of supervisors listed under employment history.

Name and Occupation	Years Known	Address: City Street and State	Phone Number: Work and Home

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if I am employed, falsified statements on this application shall be considered sufficient cause for dismissal.

I understand that acceptance of employment does not create a contractual obligation for Northfield Community Action Center to continue to employ me in the future.

I also understand that my employment with Northfield Community Action Center is of an at-will nature. I am free to leave Northfield Community Action Center at any time and Northfield Community Action Center is free to terminate me at any time.

Signature of Applicant _____ Date _____

EMPLOYMENT HISTORY

List below all present and past employers, beginning with your most recent. Please be thorough. If you need additional space, attach a separate sheet with the same required information.

I.

NAME OR LAST OR PRESENT EMPLOYER	DESCRIPTION OF DUTIES AND RESPONSIBILITIES
Address City, State, Zip	
Month/Year Started	
Supervisor's Name & Title Phone:	Reason for Leaving

II.

NAME OR LAST OR PRESENT EMPLOYER	DESCRIPTION OF DUTIES AND RESPONSIBILITIES
Address City, State, Zip	
Month/Year Started	
Supervisor's Name & Title Phone:	Reason for Leaving

III.

NAME OR LAST OR PRESENT EMPLOYER	DESCRIPTION OF DUTIES AND RESPONSIBILITIES
Address City, State, Zip	
Month/Year Started	
Supervisor's Name & Title Phone:	Reason for Leaving

IV.

NAME OR LAST OR PRESENT EMPLOYER	DESCRIPTION OF DUTIES AND RESPONSIBILITIES
Address City, State, Zip	
Month/Year Started	
Supervisor's Name & Title Phone:	Reason for Leaving

May we contact the employers listed above? _____ If not, indicate by Number the one(s) you do not wish us to contact. _____

ARE YOU 18 YEARS OF AGE OR OLDER? _____

Length of experience (all employers) similar to position applied for: Years _____ Months _____

Do you have a valid Minnesota Driver's License? _____ Class _____

Any Restrictions? _____