

Northwestern Ohio Community Action Commission

Employment Application

Northwestern Ohio Community Action Commission's employment application can be completed by filling in the fields directly onto the form. Applicants will be required to sign their submitted application in person if selected for an interview.

Instructions

1. Please complete all necessary fields using Acrobat Reader.
2. PRINT the form for your records.
3. RETURN the completed form to NOCAC by:
 - Fax: 419-782-5648
 - Mail: 1933 E. Second Street, Defiance, OH 43512
 - Email: dgerken@nocac.org

If you have any questions, please contact NOCAC at 419-784-5136.

Useful hints for completing this application:

- To begin, use your mouse to click in the "Position Applied For" field.
- Type in your response. When you are ready to go to the next field, press the TAB key. You may also use your mouse to move between the fields.
- Click the space bar to place a checkmark in the "Yes" or "No" boxes. If you put a checkmark in the wrong box, click the space bar again to remove the checkmark. You may also use the mouse to place or remove checkmarks in the boxes.

APPLICATION FOR EMPLOYMENT

NORTHWESTERN OHIO COMMUNITY ACTION COMMISSION, INC.

"Guiding Families Toward Success"

It shall be the general purpose and function of NOCAC to plan, develop and coordinate programs and services designed to combat problems of poverty and seek the elimination of the conditions of poverty as they affect the residents of communities in Defiance, Fulton, Henry, Paulding and Williams counties. To accomplish this purpose, NOCAC will be a positive force working on behalf of low-income people to attain skills, knowledge and motivation necessary to become self-sufficient.

(Please Print)

| | | |
|-------------------------|------------|------------------------------|
| Position(s) Applied For | | Date of Application |
| Last Name | First Name | Middle Name |
| Address | | City |
| State | Zip | Telephone Number(s) |
| E-Mail Address | | How did you hear of opening? |

- Can you present proof of your right to work legally in the United States? Yes No
- On what date would you be available for work? _____
- Are you available to work: ___ Full Time ___ Part Time ___ Part Year ___ Temporary
- Have you ever filed an application with NOCAC before? Yes No
- If yes, date and position _____
- Have you ever been employed with NOCAC before? Yes No
- If yes, date and position _____
- Do you have any relatives/cohabitants who work for NOCAC or are Board members? Yes No
- If yes, give name(s) _____
- Have you ever been convicted of a felony or misdemeanor? Yes No
- *Conviction will not necessarily disqualify an applicant from employment.*
- If yes, please explain _____
- Are you now, or have ever been, the parent of a child enrolled in a Head Start? Yes No
- Do you have a valid driver's license to drive in the State of Ohio? Yes No
- If yes, do you have valid/current vehicle insurance coverage? Yes No

Please submit completed application to:

Northwestern Ohio Community Action Commission, Inc.

1933 E. Second Street, Defiance, OH 43512

Email contact: dgerken@nocac.org

Educational Background:

| School | How Many Years Did You Attend | Type of Degree or Diploma | Major Field of Study |
|--------|-------------------------------|---------------------------|----------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Miscellaneous Information:

Describe any specialized training, apprenticeship skills, and extracurricular activities.

References:

Other than former supervisors or relatives list three references, work related if possible.

| Name | Address | E-Mail Address | Phone Number | # of Years Known |
|------|---------|----------------|----------------|------------------|
| | | | Day: Night: | |
| | | | Day: Night: | |
| | | | Day: Night: | |

In Case of Emergency Notify:

| Name | Phone # |
|---------|---------|
| | |
| Address | |
| Name | Phone # |
| | |
| Address | |

Employment Experience:

Start with your present or last job if not currently employed. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, age or other protected status.

May we contact your present employer?

Yes

No

| Employer | | | Dates Employed | Work Performed |
|--------------------|-------|----------------|----------------------------|----------------|
| | | | From: To: | |
| Address | | E-Mail Address | | |
| City | State | Zip | Telephone #(s) | |
| Job Title | | | Supervisor | |
| Reason For Leaving | | | | |
| Employer | | | Dates Employed | Work Performed |
| | | | From: To: | |
| Address | | E-Mail Address | | |
| City | State | Zip | Telephone #(s) | |
| Job Title | | | Supervisor | |
| Reason For Leaving | | | | |
| Employer | | | Dates Employed | Work Performed |
| | | | From: To: | |
| Address | | E-Mail Address | | |
| City | State | Zip | Telephone #(s) | |
| Job Title | | | Supervisor | |
| Reason For Leaving | | | | |
| Employer | | | Dates Employed | Work Performed |
| | | | From: To: | |
| Address | | E-Mail Address | | |
| City | State | Zip | V^\ ^] @}^A@D | |
| Job Title | | | Supervisor | |
| Reason For Leaving | | | | |

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Applicant's Statement (PLEASE READ CAREFULLY BEFORE SIGNING)

I certify that the information provided in this Application for Employment is true, correct and complete. I agree that, if I am employed, Northwestern Ohio Community Action Commission, Inc. may terminate my employment for any false or misleading statements or omissions in this application or interview, whenever they may be discovered.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I agree that, if hired, my employment is for no definite period and may be terminated at any time for any reason by either NOCAC or myself. I agree that any representations to the contrary are not binding to Northwestern Ohio Community Action Commission, Inc. I agree that any claim or lawsuit relating to my service with NOCAC must be filed no more than six months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary. If hired this becomes part of your official employment record.

Signature of Applicant _____

Date _____

Authorization for Release of Information

I authorize Northwestern Ohio Community Action Commission, Inc. to investigate my personal history.

I authorize any reference, school, former employer, military organization, police department, or other person to disclose to Northwestern Ohio Community Action Commission, Inc. upon request, any information or records they may have about me and I release them from all liability for disclosing such information to Northwestern Ohio Community Action Commission, Inc.

This authorization is only binding for twelve months from date of signature.

Signature: _____

Date: _____

For Office Use Only

Executive Director

Date

Policy Council

Date

Revised 8/08
