



**COMMUNITY ACTION, INC. OF CENTRAL TEXAS**  
**101 UHLAND ROAD, SUITE 107, P.O. BOX 748, SAN MARCOS, TX 78667-0748**  
**PHONE (512) 392-1161, WEBSITE: [www.communityaction.com](http://www.communityaction.com)**

**EMPLOYMENT APPLICATION**

<b>Name:</b>	Last	First	Middle
<b>Mailing Address:</b>	-		
	Number & Street	City	State      Zip
<b>Home Phone No.:</b>	(    ) -	<b>Cell Phone No.:</b>	(    ) -
	Area Code		Area Code
<b>Message No.:</b>	(    ) -		
	Area Code	Name	Relationship

<b>Specific position(s) applying for:</b>	1. _____	2. _____		
<b>Employment Category:</b>	Regular <input type="checkbox"/>	Temporary <input type="checkbox"/>	Full-Time <input type="checkbox"/> (30 – 40 hours per week)	Part-Time <input type="checkbox"/> (29 or fewer hours per week)
<b>Acceptable Salary:</b>	_____	<b>Date Available:</b>	_____	

<b>Are you a current or former Head Start Parent?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Do you have any relatives who are current employees of Community Action, Inc.?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please identify:    Name _____	Relationship _____			
<b>Do you have any relatives who are current Board Members of Community Action, Inc.?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please identify:    Name _____	Relationship _____			
<b>Do you have any relatives who are current representatives of the Head Start Policy Council?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please identify:    Name _____	Relationship _____			

<b>Do you have a valid Texas Driver's License?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	License Number _____	Class _____	
<b>Do you have access to a vehicle on a daily basis?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Do you carry liability insurance?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Are you at least 18 years of age?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Are you at least 21 years of age?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<b>Have you ever been convicted of a felony?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please provide: <b>County</b> _____ <b>State</b> _____	
<b>Year:</b> _____	<b>Type of Offense:</b> _____			

## EDUCATION

<b>High School Diploma</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
		If yes, name and location of school
<b>G.E.D.</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no H.S.D. or G.E.D., indicate highest grade completed: <b>Grade:</b> _____
<b>College/University</b>	_____	<b>Location</b> _____
<b>Course of Study</b>	_____	
<b>Dates of Attendance</b>	_____ - _____	<b>Hours Completed:</b> _____ <b>Degree Received?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If yes, please identify</b>	_____	<b>Year Received:</b> _____
<b>College/University</b>	_____	<b>Location</b> _____
<b>Course of Study</b>	_____	
<b>Dates of Attendance</b>	_____ - _____	<b>Hours Completed:</b> _____ <b>Degree Received?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If yes, please identify</b>	_____	<b>Year Received:</b> _____
<b>Technical/Vocational School</b>	_____	<b>Location</b> _____
<b>Graduate?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Dates of Attendance</b> _____ - _____	<b>Course of Study</b> _____

## SPECIAL TRAINING AND SKILLS

<b>Identify any specialized training or skills you have:</b> _____	
<b>Are you registered, licensed, or certified in any special training?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>If yes, please identify:</b> _____	
<b>If you type, approximate words per minute:</b> _____	
<b>List office machines and equipment you can use; i.e., calculators, printing, graphics, etc.:</b> _____	
<b>If you have computer skills, please describe:</b> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Minimum <input type="checkbox"/>	
<b>What software have you used?</b> _____	
<b>List any languages (other than English) you can speak, read or write:</b>	
<b>Language 1:</b> _____ <b>Language 2:</b> _____	
<b>Speak:</b> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Minimum <input type="checkbox"/>	<b>Speak:</b> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Minimum <input type="checkbox"/>
<b>Read:</b> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Minimum <input type="checkbox"/>	<b>Read:</b> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Minimum <input type="checkbox"/>
<b>Write:</b> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Minimum <input type="checkbox"/>	<b>Write:</b> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Minimum <input type="checkbox"/>

## CURRENT EMPLOYMENT

Employer:	_____	Phone:	( ) - ext.		
Address:	_____	City, State, Zip	_____		
Hire Date:	_____	Current Position:	_____	Current Salary:	_____
Duties/Responsibilities:	_____				
Supervisor:	_____				
Reason for seeking other employment:	_____				
May we contact employer for references?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If NO, please explain:	_____	

## PREVIOUS EMPLOYMENT (Start with most recent)

Employer:	_____	Phone:	( ) - ext.		
Address:	_____	City, State, Zip	_____		
Employment Dates:	From _____	To _____	Last Position Held:	_____	
Duties/Responsibilities:	_____				
Salary when you left:	_____	Supervisor:	_____		
Reason for seeking other employment:	_____				
May we contact employer for references?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If NO, please explain:	_____	

Employer:	_____	Phone:	( ) - ext.		
Address:	_____	City, State, Zip	_____		
Employment Dates:	From _____	To _____	Last Position Held:	_____	
Duties/Responsibilities:	_____				
Salary when you left:	_____	Supervisor:	_____		
Reason for seeking other employment:	_____				
May we contact employer for references?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If NO, please explain:	_____	

**PREVIOUS EMPLOYMENT (continued)**

<b>Employer:</b> _____	<b>Phone:</b> (    ) -    ext.
<b>Address:</b> _____	<b>City, State, Zip</b> _____
<b>Employment Dates:</b> From _____ To _____	<b>Last Position Held:</b> _____
<b>Duties/Responsibilities:</b> _____	
<b>Salary when you left:</b> _____	<b>Supervisor:</b> _____
<b>Reason for seeking other employment:</b> _____	
<b>May we contact employer for references?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If NO, please explain:</b> _____	

<b>Employer:</b> _____	<b>Phone:</b> (    ) -    ext.
<b>Address:</b> _____	<b>City, State, Zip</b> _____
<b>Employment Dates:</b> From _____ To _____	<b>Last Position Held:</b> _____
<b>Duties/Responsibilities:</b> _____	
<b>Salary when you left:</b> _____	<b>Supervisor:</b> _____
<b>Reason for seeking other employment:</b> _____	
<b>May we contact employer for references?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If NO, please explain:</b> _____	

<b>Employer:</b> _____	<b>Phone:</b> (    ) -    ext.
<b>Address:</b> _____	<b>City, State, Zip</b> _____
<b>Employment Dates:</b> From _____ To _____	<b>Last Position Held:</b> _____
<b>Duties/Responsibilities:</b> _____	
<b>Salary when you left:</b> _____	<b>Supervisor:</b> _____
<b>Reason for seeking other employment:</b> _____	
<b>May we contact employer for references?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If NO, please explain:</b> _____	

**VOLUNTEER, CIVIC, PROFESSIONAL INVOLVEMENT**

<b>Organization:</b> _____	<b>Phone:</b>	(    )	-	ext.
<b>Address:</b> _____	<b>City, State, Zip</b> _____			
<b>Your Involvement:</b> _____				
<b>Dates of Involvement:</b>	From	To	<b>Contact Person:</b> _____	<b>Contact's Position:</b> _____

  

<b>Organization:</b> _____	<b>Phone:</b>	(    )	-	ext.
<b>Address:</b> _____	<b>City, State, Zip</b> _____			
<b>Your Involvement:</b> _____				
<b>Dates of Involvement:</b>	From	To	<b>Contact Person:</b> _____	<b>Contact's Position:</b> _____

  

<b>Organization:</b> _____	<b>Phone:</b>	(    )	-	ext.
<b>Address:</b> _____	<b>City, State, Zip</b> _____			
<b>Your Involvement:</b> _____				
<b>Dates of Involvement:</b>	From	To	<b>Contact Person:</b> _____	<b>Contact's Position:</b> _____

**CHARACTER REFERENCES (Do Not List Relatives)**

<b>Name</b> _____	<b>Relationship</b> _____
<b>Address</b> _____	<b>City, State, Zip</b> _____
<b>Home Phone</b> (    ) - _____	<b>Work Phone</b> (    ) - ext. _____

  

<b>Name</b> _____	<b>Relationship</b> _____
<b>Address</b> _____	<b>City, State, Zip</b> _____
<b>Home Phone</b> (    ) - _____	<b>Work Phone</b> (    ) - ext. _____

  

<b>Name</b> _____	<b>Relationship</b> _____
<b>Address</b> _____	<b>City, State, Zip</b> _____
<b>Home Phone</b> (    ) - _____	<b>Work Phone</b> (    ) - ext. _____

## RESOURCE INFORMATION

**Please identify who or what prompted you to apply with Community Action, Inc.?**

Community Action, Inc. employee? If so, please identify: \_\_\_\_\_

Newspaper employment ad? If so, please identify newspaper: \_\_\_\_\_

Community Action, Inc. website?

Texas Workforce Commission?       Walk In?       Other? If other, please identify: \_\_\_\_\_

**Have you previously been employed with Community Action, Inc.?**       Yes       No

If yes, when? \_\_\_\_\_ Position? \_\_\_\_\_

**Have you previously applied for a position with Community Action, Inc.?**       Yes       No

If yes, when? \_\_\_\_\_ Position? \_\_\_\_\_

## APPLICANT'S CERTIFICATION

The information provided in my application for employment is true and correct to the best of my knowledge. I understand that false statements or omissions on this application or any other material furnished for employment shall be considered sufficient cause for (1) rejection of my application, (2) withdrawal of any outstanding job offer, or (3) if I am employed, for my discharge from employment.

Unless I have expressly identified any person(s) or organization(s) that is not to be contacted for reference information, I authorize Community Action, Inc. of Central Texas to investigate any information provided in this application. I release, from liability, all persons, corporations or organizations for furnishing such information. I understand that my social security number will be used to identify my application.

I understand that any information requested on this application and/or provided by me, that is not relevant to the position for which I am being considered, will not be used.

I understand that Community Action, Inc. provides a drug free work place for its employees.

I understand that Community Action, Inc. is an Equal Opportunity Employer. Each applicant is considered equally, without regard to race, color, religion, sex, national origin, age, marital or veteran status, or medical condition or disability.

I understand that Community Action, Inc. complies with the Immigration Reform Control Act of 1986. I further understand that if I accept employment with Community Action, Inc., upon reporting to work I will be required to furnish proof of identify and legal authorization to work in the United States.

I understand that employment with the Head Start program is contingent upon, but not limited to, a criminal history check which reveals no felony for misdemeanor, official complaints, indictments, or convictions, which are in conflict with the Head Start regulations or Department of Family and Protective Services child care licensing regulations. Examples include offenses against persons or family, public indecency and the Texas Controlled Substances Act.

If I am employed, I agree to comply with the policies, rules, regulations and procedures of Community Action, Inc..

I also understand that, if employed, the employment relationship will be at-will and may be terminated by myself or Community Action, Inc., at any time, with or without cause.

**Applicant's Name** \_\_\_\_\_  
(Please Print)

**Social Security No.** \_\_\_\_\_ - -

**Applicant's Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

## APPLICANT EEO DATA FORM

The information requested below is for the purpose of reporting to Federal and Equal Employment Opportunity Agencies and will not be considered as part of the application for employment.

1. Positions Applied for: \_\_\_\_\_

2. Sex:            Male             Female

3. Birth Date: \_\_\_\_\_

4. Ethnic Origin:  White  
 Black  
 Hispanic  
 Asian/Pacific Islander  
 American/Indian/Alaskan Eskimo  
 Other