hapcap
HOCKING · ATHENS · PERRY
COMMUNITY ACTION

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

(REVISED August 2022) Date

PERSONAL INFORMATION

(Please Print)

NAME _____
(Last) (First) (Middle)

ADDRESS _____
(Street) (City) (State) (Zip)

TELEPHONE NUMBER _____ Email_____

Are you 18 years of age or older? Yes ☐ No ☐

Have you ever been convicted of any misdemeanor or felony (this includes, without limitation, pleading guilty, pleading no contest, or having a finding of guilt)? Yes ☐ No ☐

If yes, please explain on a separate piece of paper. Conviction of a crime is not an automatic bar to employment, all circumstances will be considered (Exception: State law prohibits employment in a Head Start Program) Type of Position Applying for:

_____
(Describe)

Full-Time ☐ Part-Time ☐ Temporary ☐ Date available to start work? _____

Will you work overtime hours? Yes ☐ No ☐ Salary or Rate of Pay Desired? _____

Driver's License Number: Driver's License Expiration Date: _____

_____

Do you have a reliable means of transportation to and from work? Yes ☐ No ☐

Have you been denied a license, or privilege to operate a motor vehicle? Yes ☐ No ☐

Has your licenses or privilege ever been suspended or revoked? Yes ☐ No ☐

Are you aware of any moving violations that would prevent you from being insured by the agency's insurance policy? Yes ☐ No ☐

If yes to prior questions give details_____

Are you related to a current staff member or board member? Yes ☐ No ☐ If yes, who?_____
Are you a current employee of HAPCAP or have you worked at HAPCAP before? Yes ☐ No ☐ If yes, when_____

REFERENCES

Please list three references you have known for at least one year (excluding friends & relatives).

Name and Occupation	Address	Phone Number

EDUCATIONAL BACKGROUND

Type of School	Name and Address	Course of Study	Did you graduate?	List Degree or Diploma
High School				
College				
Graduate School				
Business or Trade				
Other				

WORK HISTORY (LIST MOST RECENT EMPLOYER FIRST)

From:_____	Employer:_____	Position: _____
To:_____	Address:_____	Salary:_____
	_____	Reason For Leaving:_____

From:_____ To:_____	Employer:_____ Address:_____ _____	Position: _____ Salary:_____ Reason For Leaving:_____
From:_____ To:_____	Employer:_____ Address:_____ _____	Position: _____ Salary:_____ Reason For Leaving:_____

Are you known to schools/references/employers by another name? Yes ☐ No ☐

If yes, please indicate the name(s): _____

List any special skills or training you feel we should be aware of in considering your application:

_____

_____

_____

Can you type? Yes ☐ No ☐ W.P.M. _____

Computer Program Experience: MS Office ☐ Excel ☐ Access ☐ Windows ☐ Other _____

Office Equipment Experience: Copier ☐ Fax ☐ PBX ☐

Experience with Other Types of Equipment:_____

_____

APPLICANT STATEMENT

1. My signature authorizes Hocking . Athens . Perry Community Action ("HAPCAP") or its authorized agents to conduct a thorough investigation of all statements, written and oral, made by me during the employment application process, including without limitation, information concerning my employment positions, law enforcement record,

driving record, and educational background. I hereby authorize all persons, companies or other entities connected with any such informational request, including without limitation, current or prior employers and law enforcement agencies to provide any and all information they may have regarding me or my employment. I release and agree to indemnify HAPCAP, its authorized agents, and its employees, and all other persons, companies, and other entities from any and all liability arising out of such investigation, including without limitation any liability for furnishing information or for taking any action based on the information provided.

2. I hereby certify that all responses set forth during my employment application process are true and complete. I understand and agree that any falsification, misrepresentation, or omission either on the employment application form or in my responses to questions asked during the interviewing or examination process may disqualify me from further consideration for employment, or if employed by HAPCAP, will subject me to immediate termination, whenever the falsification or omission is discovered. In this regard, where an item is left blank on the employment application, it is because there is no information within its scope.

3. I understand that a drug and/or alcohol screen may be required before and during my employment. In addition, I authorize a medical examination, including a drug and/or alcohol screen, by an examiner selected by HAPCAP if I am made a contingent offer of employment. I release and agree to indemnify HAPCAP, its authorized agents, and its employees, and all other persons, companies, and other entities from any and all liability arising out of any medical examination or drug/alcohol screen or for the taking of any action based on the results of any medical examination or drug/alcohol screen.

4. I agree and consent that HAPCAP may inspect any HAPCAP property at any time and for any reason, without notice. This property includes, without limitation, work stations, computers, offices, desks, lockers, voice mail, and filing cabinets. Additionally, I agree and consent that any personal items I bring onto HAPCAP's premises are subject to inspection at any time and for any reason, without prior notice.

5. I certify that I am a citizen of the United States, or, if not, I can provide required documentation permitting me to work in the United States.

6. In consideration of HAPCAP's review of my application, I agree that any claim or lawsuit arising out of my application for employment with, my employment with or subsequent separation from HAPCAP or any of its divisions must be filed no more than one hundred and eighty (180) calendar days after the date the employment action that is the subject of the claim or lawsuit. While I understand that the statute of limitations for claims or actions arising out of an employment action may be longer than one hundred and eighty (180) calendar days, I agree to be bound by the one hundred and eighty (180) calendar day period of limitations set forth herein, and I waive any STATUTE OF LIMITATIONS TO THE CONTRARY. Should a court determine in some future lawsuit that this provision allows an unreasonably short period of time to commence a lawsuit, the court shall enforce this provision as far as possible and shall declare the lawsuit barred unless it was brought within the minimum reasonable time within which the suit should have been commenced.

7. I understand and agree if I am employed by HAPCAP, my employment is at-will so that I may terminate my employment at any time and for any or no reason. Likewise, HAPCAP can terminate my employment at any time and for any or no reason. I also understand and agree that nothing contained in HAPCAP's employment application or in the granting or conducting of an interview or anything set forth in any oral or written statement, communication, or policy now or in the future constitutes or creates or is intended to constitute or to create a contract or promise between me and HAPCAP for employment, hours of work, or for the providing of benefits. Moreover, I acknowledge that HAPCAP may modify, revoke, suspend, terminate or change any or all of its plans, policies, or procedures at any time, without prior notice. No promises or guarantees regarding employment, hours of work, or for the providing of benefits have been made to me. I further understand and agree that no such promise or guarantee is binding on HAPCAP unless it is in writing signed by me and the Executive Director of HAPCAP and that document states that the employment relationship is not "at-will" and details the specific promise or guarantee.

Applicant's Signature

Date