



Central Oklahoma Community Action Agency

Return completed application to
Human Resource Department
131 North Bell
Shawnee, OK 74801
(405) 275-6060
Fax - (405) 214-4326

Application for Employment

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.") Applications without "position applying for" will not be considered for any position.

Name: (First, M. Last):		Position Applying For:	
Street Address:		City, State & Zip:	
Social Security Number:	Home Phone:	Work Phone:	Other Phone:
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What date would you be available to work?	
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, what is your current age?	
Have you ever been employed by COCAA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, dates of employment & reason for leaving:	
Are you related to any current COCAA employee or Board Member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, their name & their relationship to you?	
Do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, State of issuance, license #, and expiration date:	

EDUCATION

Name of School	City/State	Did you graduate?	If Yes, date of Graduation	Degree received
				Major
High School Diploma or GED		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No		



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Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

WORK EXPERIENCE: Please list your last 5 employers. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation “See Resume.”

PLEASE NOTE: COCAA reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From: To	Organization Name and Address:	
Starting Salary:	Title:	Reason for Leaving:
Final Salary:		
Supervisor’s Name, Title and Phone #:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Description of work performed, duties, and/or responsibilities:		
Dates Employed (most recent position) From: To	Organization Name and Address:	
Starting Salary:	Title:	Reason for Leaving:
Final Salary:		



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Supervisor's Name, Title and Phone #:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Description of work performed, duties, and/or responsibilities:		
Dates Employed (most recent position) From: To	Organization Name and Address:	
Starting Salary:	Title:	Reason for Leaving:
Final Salary:		
Supervisor's Name, Title and Phone #:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Description of work performed, duties, and/or responsibilities:		
Dates Employed (most recent position) From: To	Organization Name and Address:	
Starting Salary:	Title:	Reason for Leaving:
Final Salary:		
Supervisor's Name, Title and Phone #:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Description of work performed, duties, and/or responsibilities:		
Dates Employed (most recent position) From: To	Organization Name and Address:	
Starting Salary:	Title:	Reason for Leaving:



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Final Salary:		
Supervisor's Name, Title and Phone #:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Description of work performed, duties, and/or responsibilities:		

References – List the names, addresses and phone numbers of three (3) persons not related to you.

Name	Company/Business	Phone	Relation

Have you ever been addicted to or used on a regular basis any illegal drugs? Yes No

Have you ever been disciplined by an employer, fired, or asked to resign from any job? Yes No

If So, Why? _____

Is there any reason, known to you, why you might be unable to perform consistently and promptly any of the job duties for the position as outlined in the job description? Yes No

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize COCAA to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of COCAA serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States and comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first SIX MONTHS of regular employment represent a probationary/introductory period, during which my performance will be evaluated by my supervisor during which may be offered regular employment or may be terminated without right of appeal.

Applicant Signature: _____ Date: _____