

Council for Economic Opportunities in Greater Cleveland

1228 Euclid Avenue, Suite 700, Cleveland, Ohio 44115

Application for Employment

Equal access to programs, services, and employment is available to all persons. Those persons requiring reasonable accommodation to the application and /or interview process should notify a representative of the Human Resources Department.

PERSONAL INFORMATION

Position(s) Applied For _____ Date of Application _____

Name _____
LAST
FIRST
MIDDLE

Address _____
STREET
CITY
STATE
ZIP CODE

Telephone # () _____ Mobile/Beeper/Other Phone # () _____ Social Security # _____

	YES	NO
Have you ever been employed by CEOGC? (If yes, state when and the position held)		
Are you legally eligible to work in this country?		
If you are under the age of 18, do you have, or can you obtain a work permit?		
Do you have any relatives working for this agency? (If yes, list their name(s) and relationship below)		
Do you have any relatives on the Parent Policy Council or the Board of Directors? (If yes, list them)		
Are you a current or former Headstart or Early Headstart parent? (If yes, please state details)		

Location: _____ From: _____ To: _____ Location: _____ From: _____ To: _____

Have you applied for a position with this agency in the past? If yes, when & what position.

Have you ever been convicted of a crime? (If yes, please explain)

CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH APPLYING.

Type of employment desired? Full-Time Part-Time Temporary Seasonal Educational-Co-op

If driving is an essential function for the position you are applying, please provide drivers' license# _____ State _____

EMPLOYMENT HISTORY

PROVIDE THE FOLLOWING INFORMATION ON YOUR PAST 3 EMPLOYERS, ASSIGNMENTS OR VOLUNTEER ACTIVITIES, STARTING WITH THE MOST RECENT

FROM _____ TO _____ JOB TITLE _____ IMMEDIATE SUPERVISOR & TITLE _____ MAY WE CONTACT? ___Yes ___No REASON FOR LEAVING: _____	EMPLOYER'S NAME _____ AREA CODE & TELEPHONE NUMBER _____ ADDRESS (INCLUDE CITY, STATE & ZIP) _____ SUMMARIZE THE NATURE OF YOUR WORK AND JOB RESPONSIBILITIES _____ STARTING SALARY \$ _____ PER _____ CURRENT or FINAL SALARY \$ _____ PER _____
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SKILLS AND QUALIFICATIONS

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. _____

EDUCATIONAL BACKGROUND

NAME & LOCATION	YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY	DEGREE RECEIVED
HIGH SCHOOL				
COLLEGE				
OTHER				

REFERENCES

NAME & LOCATION	AREA CODE & TELEPHONE #	YEARS KNOWN

Where did you learn of job opportunities with CEOGC? ___Newspaper ___Community Agency ___School ___Job Fair ___Employee ___Walk-in
Other: _____

Please name the newspaper, agency, school, location of job fair, etc.: _____

I UNDERSTAND THAT IF I AM EMPLOYED, ANY MISREPRESENTATION OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR IMMEDIATE DISCHARGE FROM THE EMPLOYERS SERVICE, WHENEVER IT IS DISCOVERED.

I GIVE THE EMPLOYER PERMISSION THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, EDUCATIONAL INSTITUTIONS AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION. I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND IT'S REPRESENTATIVES FOR SEEKING, GATHERING AND USING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

I ACKNOWLEDGE THAT THIS COMPANY PARTICIPATES IN PRE-EMPLOYMENT DRUG SCREENING AND THAT ANY OFFER OF EMPLOYMENT IS CONTINGENT ON SUCCESSFUL TESTING.

THE EMPLOYER DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT A BASIS PROHIBITED BY LOCAL, STATE OR FEDERAL LAW.

THIS APPLICATION IS CURRENT FOR ONLY 6 months. AT THE CONCLUSION OF THIS TIME, IF I HAVE NOT HEARD FROM THE EMPLOYER AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY TO FILL OUT A NEW APPLICATION.

IF I AM HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AND THE EMPLOYER RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION. I UNDERSTAND THAT NO REPRESENTATIVE OF THE EMPLOYER OTHER THAN AN AUTHORIZED OFFICER HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY. I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCES MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER.

I UNDERSTAND IT IS THIS COMPANY'S POLICY NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSON'S NEED FOR A REASONABLE ACCOMMODATION AS REQUIRED BY THE ADA.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date _____

CEOGC is an Equal Opportunity Employer