



# EMPLOYMENT APPLICATION

(Please print neatly and clearly using blue or black ink)

Date of Application \_\_\_\_\_

Position Applying For: \_\_\_\_\_

| <b>PERSONAL INFORMATION</b> (Please complete <i>all</i> applicable information.)   |                 |                      |    |
|--|-----------------|----------------------|----|
| Name:  |                 | Email:               |    |
| Address:   |                 | City/State/Zip:      |    |
| Home Phone: ( )  | Work Phone: ( ) | Alternate Phone: ( ) |    |
| How did you learn about CAASTLC?   |                 |                      |    |
| Were you referred by an employee of CAASTLC? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, who?   |                 |                      |    |
| Are you legally authorized for employment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>   |                 |                      |    |
| Can you furnish documentation that verifies your identity and authorization to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> |                 |                      |    |
| Do you have a valid Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/> Type:   |                 | State:               | #: |
| Professional Certifications/Licenses: Type:  |                 | State:               | #: |
|  |                 | State:               | #: |

| <b>EDUCATION INFORMATION</b>   |                       |                              |                             |                                    |
|--|-----------------------|------------------------------|-----------------------------|------------------------------------|
| Do you have a high school diploma? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, what is the highest grade that you completed? |                       |                              |                             |                                    |
| Name of School   |                       | City                         | State                       |                                    |
|  |                       |                              |                             |                                    |
| Do you have a GED? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>   |                       |                              |                             |                                    |
| College/Graduate School  |                       |                              |                             |                                    |
| Name of School   | Degree/Field of Study | Degree Earned?               |                             | If no, # of Credit Hours Completed |
|  |                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                                    |
| College:   |                       |                              |                             |                                    |
| College:   |                       |                              |                             |                                    |
| Graduate School:   |                       |                              |                             |                                    |
| Vocational/Technical/Other   |                       |                              |                             |                                    |
| Name of School   | Field of Study        | Degree/Certificate Earned?   |                             | Date Completed                     |
|  |                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                                    |

| <b>EMPLOYMENT HISTORY</b> (List employers, starting with the most recent one first.) |            |                    |          |
|--|------------|--------------------|----------|
| Position   | Employer   | From Mo/Yr         | To Mo/Yr |
| Address  | City       | State              | Zip      |
| Phone  | Supervisor | Reason For Leaving |          |
| Position   | Employer   | From Mo/Yr         | To Mo/Yr |
| Address  | City       | State              | Zip      |
| Phone  | Supervisor | Reason For Leaving |          |
| Position   | Employer   | From Mo/Yr         | To Mo/Yr |
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| Address  | City       | State              | Zip      |
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Will you sign release of information forms to have your employment history confirmed and to conduct a criminal background check? Yes  No

**Equal Opportunity**

CAASTLC promotes equality of opportunity in the programs and services it offers, and in employment opportunities without regard to race, gender, age, creed, national origin, culture, language, socio-economic status, sexual orientation, veteran status, or disability.

**Please Read the following statement carefully before signing**

The statements made in this application are true, complete, and correct. I understand that any misrepresentation or omission of information will be sufficient reason for withdrawal of any offer of employment or subsequent dismissal if employed. I also understand that I am responsible for substantiating all information contained on this application and/or resume provided for consideration of employment.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**DISCLOSURE REGARDING**  
**BACKGROUND INVESTIGATION ON YOU**

CAASTLC (“the Company”) may obtain a “consumer report” about you from a consumer reporting agency for employment purposes. A “consumer” report is a background screening report that may contain information regarding your criminal history, sex offender registry status, credit history, employment history, education history, driving history, professional licenses, and other information about you. It may bear upon your character, general reputation, personal characteristics, and/or mode of living.

**ADDITIONAL NOTICE REGARDING**  
**INVESTIGATIVE CONSUMER REPORTS ON YOU**

CAASTLC (“the Company”) may also request an “investigative consumer report” on you from a consumer reporting agency.

An “investigative consumer report” is a background screening report generated through personal interviews with sources such as your neighbors, friends or associates.

The consumer reporting agency that may prepare an “investigative consumer report” on you for the Company is AAIM Employers’ Association, 1600 S. Brentwood Blvd., Suite 400, St. Louis, MO 63144, (314) 754-0236. The information contained in an “investigative consumer report” may bear upon your character, general reputation, personal characteristics, and/or mode of living.

Please be advised that the nature and scope of the most common form of “investigative consumer report” that may be ordered by the Company is an investigation into your employment history. During such an investigation, AAIM Employers’ Association may ask questions about your employment history to certain knowledgeable individuals and provide response information to the Company.

**Note: You have the right to request disclosure of the exact nature and scope of any “investigative consumer report” ordered by the Company on you. You may do so by contacting the Company.**

## AUTHORIZATION REGARDING BACKGROUND INVESTIGATION

By signing below, I acknowledge receipt of the following separate documents (and certify that I have read and understood them):

- DISCLOSURE REGARDING BACKGROUND INVESTIGATION ON YOU;
- A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT;
- ADDITIONAL NOTICE REGARDING INVESTIGATIVE CONSUMER REPORTS ON YOU;
- ADDITIONAL STATE LAW NOTICES.

By signing below, I also authorize CAASTLC to obtain “**consumer reports**” and “**investigative consumer reports,**” about me for employment purposes at any time during the hiring process and throughout my employment, if applicable.

Signature: \_\_\_\_\_

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

Printed Name:

\_\_\_\_\_

**PERSONAL INFORMATION NEEDED FOR BACKGROUND CHECK**

**Please supply the following information to facilitate a background check on you.**

Full Name (First, middle, last): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver License No.: \_\_\_\_\_

State Issued: \_\_\_\_\_

\_\_\_\_\_  
Full Current Address

\_\_\_\_\_  
Additional Previous Address Within the Last 7 Years

\_\_\_\_\_  
Additional Previous Address Within the Last 7 Years

# CAASTLC

Community Action Agency of St. Louis County, Inc.

## Employment and Reference Verification

**APPLICANT:** Please complete the top portion of this form.

I, the undersigned, have applied for a position with CAASTLC and do hereby authorize you to provide the requested information herein. I specifically consent to disclosure in accordance with the provisions of all applicable Federal and State Laws.

Print Name: \_\_\_\_\_ SS# \_\_\_\_\_

Other Name Worked Under: \_\_\_\_\_

Current/Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Position Held: \_\_\_\_\_ Employment Dates: \_\_\_\_\_ to \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMPLOYER:** The above signed applicant claims to be/have been employed by your organization. Please complete the following. This information will be kept confidential. Thank you for your prompt response.

Position Held: \_\_\_\_\_ Dates of employment: From: \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Eligible for rehire: Yes \_\_\_\_\_ No \_\_\_\_\_

|                     | Excellent | Average | Below Average | Not Acceptable |
|---------------------|-----------|---------|---------------|----------------|
| Attendance          |           |         |               |                |
| Punctuality         |           |         |               |                |
| Dependability       |           |         |               |                |
| Adaptability        |           |         |               |                |
| Attitude            |           |         |               |                |
| Initiative          |           |         |               |                |
| Quality of Work     |           |         |               |                |
| Overall Performance |           |         |               |                |

Additional comments: \_\_\_\_\_

Person completing this form:

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax to 314 863-1252, to Human Resources. Thank you.

Office Use:

Phone Verification by: \_\_\_\_\_ Date: \_\_\_\_\_

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Current/Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Position Held: \_\_\_\_\_ Employment Dates: \_\_\_\_\_ to \_\_\_\_\_

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| Attitude            |           |         |               |                |
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| Overall Performance |           |         |               |                |

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Supervisor: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

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| Adaptability        |           |         |               |                |
| Attitude            |           |         |               |                |
| Initiative          |           |         |               |                |
| Quality of Work     |           |         |               |                |
| Overall Performance |           |         |               |                |

Additional comments: \_\_\_\_\_

Person completing this form:

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Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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Office Use:

Phone Verification by: \_\_\_\_\_ Date: \_\_\_\_\_

**Equal Employment Opportunity  
Voluntary Self Identification Form**

The Community Action of St. Louis County, Inc. (CAASTLC) is an equal employment opportunity/affirmative action employer. We request your cooperation in providing the following information, which will be used in accordance with statues and regulations regarding Equal Employment Opportunity and Affirmative Action. **Providing this information is voluntary.** All information received will be kept confidential. It will remain separate from your employment application forms.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

**GENDER:**

(Please check one of the options below.)

\_\_\_\_\_ Male

\_\_\_\_\_ Female

**RACE/ETHNICITY:**

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

\_\_\_ **Hispanic or Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

\_\_\_ **White (Not Hispanic or Latino)** (A person having origins in any of the original peoples of Europe, the Middle East or North Africa)

\_\_\_ **Black or African American (Not Hispanic or Latino)** (A person having origins in any of the Black racial groups of Africa)

\_\_\_ **Native Hawaiian or Pacific Islander (Not Hispanic or Latino)** (A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands)

\_\_\_ **Asian (Not Hispanic or Latino)** (A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)

\_\_\_ **Native American or Alaska Native (Not Hispanic or Latino)** (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliation or community attachment)

\_\_\_ **Two or more races (Not Hispanic or Latino)** (All persons who identify with more than one of the above five races)

\_\_\_ I do not wish to provide this information.