

Raleigh County Community Action Association, Inc.

Application for Employment

Raleigh County Community Action Association, Inc. shall not discriminate against any person because of that person's race, color, religion, sex (including gender identity, sexual orientation, and pregnancy), national origin, age (40 or older), disability or genetic information in any aspect of the business performed by the agency.

Name: _____ Date: _____

PO Box or Street: _____

City, State & Zip Code: _____

Phone Number: _____ Social Security Number: _____

Are you authorized to work in the United States? ____ (yes) ____ (no)

Are you under 18 years of age: ____ (yes) ____ (no)

Position (s) For Which Applying (BE SPECIFIC):

Have you ever applied with Raleigh County Community Action Association, Inc., before?

____ (yes) ____ (no)

Date Available for work: _____ Rate of Pay Expected: _____ per _____

Is there anything that will prevent you from performing the essential functions of the position or positions for which you are applying, with or without reasonable accommodations?

____ (yes) ____ (no)

If yes, explain: _____

Would you be willing to work overtime? _____ (yes) _____ (no)

Are you willing to travel overnight? _____ (yes) _____ (no)

Have you ever been convicted of a criminal offense? ____ (yes) ____ (no) If yes, please explain:

Are you related to anyone that works for Raleigh County Community Action Association, Inc.?

____ (yes) ____ (no)

Are you related to anyone on the RCCAA Board of Directors or Policy Council?

___ (yes) ___ (no)

EMPLOYMENT HISTORY

List below your present and past employment, beginning with your most recent employment.

1. Name of Company: _____ Address: _____
Phone: _____ Supervisor: _____
Describe the work you performed: _____
Starting Pay: _____ per _____ Ending Pay: _____ per _____
Period Worked: From _____ To _____
Reasons for Leaving: _____

2. Name of Company: _____ Address: _____
Phone: _____ Supervisor: _____
Describe the work you performed: _____
Starting Pay: _____ per _____ Ending Pay: _____ per _____
Period Worked: From _____ To _____
Reasons for Leaving: _____

3. Name of Company: _____ Address: _____
Phone: _____ Supervisor: _____
Describe the work you performed: _____
Starting Pay: _____ per _____ Ending Pay: _____ per _____
Period Worked: From _____ To _____
Reasons for Leaving: _____

4. Name of Company: _____ Address: _____
Phone: _____ Supervisor: _____
Describe the work you performed: _____
Starting Pay: _____ per _____ Ending Pay: _____ per _____
Period Worked: From _____ To _____
Reasons for Leaving: _____

5. Name of Company: _____ Address: _____
Phone: _____ Supervisor: _____
Describe the work you performed: _____
Starting Pay: _____ per _____ Ending Pay: _____ per _____
Period Worked: From _____ To _____
Reasons for Leaving: _____

Have you ever worked under a different name for any of these employers?

___ (yes) ___ (n)

If yes, please identify the employer and state the name: _____

EDUCATION

Please circle the last year completed:

Elementary School 5 6 7 8

High School 1 2 3 4

College 1 2 3 4

College Attended and Degree Received _____

Describe any other training such as military, vocational, etc. _____

Licenses held _____

- Referral Source:
- Advertisement
 - Friend
 - Relative
 - Walk-In
 - Employment Agency
 - Other _____

CHARACTER REFERENCES

List individuals, other than relatives, that may be contacted

1. Name: _____ How long have you known this person? _____
Address: _____ How do you know this person? _____

Employer/Job Title: _____/
Phone Number _____

2. Name: _____ How long have you known this person? _____
Address: _____ How do you know this person? _____

Employer/Job Title: _____/
Phone Number _____

3. Name: _____ How long have you known this person? _____
Address: _____ How do you know this person? _____

Employer/Job Title: _____/
Phone Number _____

ALCOHOL AND DRUG SCREENING POLICY STATEMENT FOR JOB APPLICANTS

It is the policy of Raleigh County Community Action Association, Inc. to maintain a safe, healthy, and productive work environment for all its employees; to produce quality goods and services for its customers, in an efficient manner; to maintain the integrity and security of its facilities and property, and to perform all these functions in a fashion consistent with the interests and concerns of the communities in which the company is located.

Pursuant to these goals, Raleigh County Community Action Association, Inc. requires candidates for employment to pass a drug/alcohol screening test covering illegal substances and legal substances subject to abuse.

This requires the applicant to submit a urine and/or blood specimen and to sign consent and release statement provided by Raleigh County Community Action Association, Inc. Refusal will result in the candidate's disqualification for further employment consideration.

INFORMED CONSENT AND RELEASE OF LIABILITY FOR DRUG OR ALCOHOL TESTING

I UNDERSTAND that according to Raleigh County Community Action Association, Inc. I am required to submit a sample of my urine and/or blood for chemical analysis.

THE PURPOSE of this analysis is to determine the absence or presence of drugs or alcohol.

I CONSENT freely and voluntarily to Raleigh County Community Action Association, Inc.'s request for urine and/or blood specimens. I hereby release and hold harmless Raleigh County Community Action Association, Inc. and its employees and agents from any liability whatsoever arising from this request to furnish my specimens and the testing of my specimens.

Applicant/Employee

Social Security Number

Signature Date

Witness Date

EEO-1 Voluntary Self Identification Form

This information is used for our annual EEO data collection & other Governmental Agencies

The Equal Employment Opportunity Commission (EEOC) requires all private employers with 100 or more employees as well as federal contractors and first-tier subcontractors with 50 or more employees AND contracts of at least \$50,000 complete an EEO-1 report each year. Covered employers must invite employees to self-identify gender and race for this report.

Completion of this form is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. Please return completed forms to the HR department.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires RCCAA to determine this information by visual survey and/or other available information.

NAME: _____

JOB TITLE: _____

DATE COMPLETED: _____

GENDER:

(Please check one of the options below)

Male Female

If you are a veteran, please supply the following information:

Disabled Veteran Recently Separated Veteran, _____ Service Dates _____

Veteran with Service Medal or Campaign Badge _____ Service Dates _____

Name of War or Military Campaign, Expedition, or Operation _____

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 and 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 disclose.

APPLICANT CONSENT

Please read each of the following statements and place your initials by each one to indicate that you understand and agree to the terms stated, then sign this form at the bottom.

_____ The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my immediate dismissal. I further understand that this application is not, and is not intended to be a contract of employment, nor does this application obligate the company to which you are applying in any way. Furthermore, I understand that if I am hired, my employment can be terminated with or without cause at any time, at the discretion of either the company or myself.

_____ I hereby give permission to contact the previous employers and character references that I have listed in this application. I also agree not to hold any references contacted in regard to this application liable for damages relating to any information they provide to Raleigh County Community Action Association.

_____ I understand the Employer maintains a drug-free workplace. All applicants for this position may have to undergo a pre-employment drug screening. All applicants testing positive for illegal substances will be disqualified from consideration. Upon hire, I will be expected to abide by the company's drug testing policy. I further voluntarily agree to be drug tested by Raleigh County Community Action Association, Inc.

_____ I understand that by filling out this application that I will not be guaranteed a job. I also understand that this application will only be considered for thirty (30) days unless I contact the Personnel Office in writing by certified mail on a continuous basis that I am still available for employment.

_____ I understand that all employees of Raleigh County Community Action Association Inc., are at-will employees and serve at the will of the Executive Director.

Signature

Date

AUTHORIZATION FOR RELEASE OF INFORMATION FOR REFERENCE CHECKS

Name: _____

Address: _____

I, the undersigned, hereby authorize and direct any persons or corporations and/or any staff member of a corporation to release any information verbally or in writing regarding my employment or character to:

Raleigh County Community Action Association, Inc.

111 Willow Lane Post Office Box 3066

Beckley, West Virginia 25801

This information is being used as background information for my employment application with Raleigh County Community Action Association, Inc.

I, the undersigned waive any liability that may arise against any company and/or staff member of said company or any individual for releasing said information.

Applicant's Signature

Date

Witness

Date

AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state, and local laws, hereby authorize and permit Raleigh County Community Action Association, Inc. to obtain a consumer report and/or an investigative consumer report which may include the following:

1. My employment records
2. Records concerning any driving, criminal history, civil record, workers' compensation (post-offer only).
3. Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of this authorization has the same effect as an original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as Raleigh County Community Action Association, Inc. from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

Thereby authorize Raleigh County Community Action Association, Inc. to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment.

Driver's License Number _____ Social Security Number _____

Full Name: _____ Maiden Name: _____

Telephone _____ Cellular _____ Date of Birth: _____

Address: _____

City State

Zip

Signature

Date