

DATE: _____

CSRA ECONOMIC OPPORTUNITY AUTHORITY, INC.

1261 Greene Street
P.O. Box 10104
Augusta, Georgia 30903-2704

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

Please print all answers. We expect questions to be filled out completely and to the best of your ability. All applicants will undergo testing for the presence of illegal drugs as a condition of employment.

Position for which you are applying: _____

How did you learn about the position? _____

Personal Information

Name: _____
Last First Middle

Address: _____
Street (Apt) City, State Zip

Contact Information: _____
Home Phone Number Cell Phone Number E-mail Address

Emergency Contact: _____
Name Phone Number

Please answer the following questions by checking the appropriate column.

*If the answer is yes, please explain on the reverse side.

Yes No

*Have you been convicted of a felony within the past five years?

*Are you now or have you ever knowingly been a member of any foreign or domestic, organization, association, movement, group, or combination of persons which is Totalitarian, Fascist, Communists, or subversive, or which has adopted, or shown a policy of advocacy or approval of the commission of acts of force or violence to deny other persons their rights under the Constitution of The United States, or which seeks to alter the form of government of The United States by unconstitutional means?

Do you comply with the Immigration Reform and Control Act that requires you to be legally eligible for employment within the United States?

Educational Information

Circle the highest level of school that you have completed.

4 5 6 7 8

9 10 11 12

1 2 3 4

1 2 3 4

College/University

Postgraduate

Name of School	City / State	Graduated		Degree	Major
		Yes	No		
High School					
College					
University					
Vocational School					

Specialized Skills

Check the programs and equipment that you can operate:

Other:

☐ Computer

☐ FAX / Copy Machines

☐ Microsoft Word

☐ Microsoft Excel

☐ Keyboard wpm _____

☐ Microsoft Power Point

Do you understand or speak any foreign language(s)? ____ Yes ____ No If yes, name the language(s). _____

Please list any certificates, training, or experience you have that is relevant to the position for which you are applying.

Do you have a valid driver's license? ____ Yes ____ No If yes, list the class. _____

Employment History

Begin with the most recent.

Previous Employer #1

Name of Employer		Type of Business	Supervisor's Name and Title
Address of Employer			Phone Number of Employer
Dates (month/year)	From:	Starting Job Title:	Starting Salary:
	To:	Ending Job Title:	Ending Salary:
If you supervised employees, please indicate the number and give dates (month/year)			Reason for leaving
Description of duties:			

Previous Employer #2

Name of Employer		Type of Business	Supervisor's Name and Title
Address of Employer			Phone Number of Employer
Dates (month/year)	From:	Starting Job Title:	Starting Salary:
	To:	Ending Job Title:	Ending Salary:
If you supervised employees, please indicate the number and give dates (month/year)			Reason for leaving
Description of duties:			

Employment History (continued)

Previous Employer #3

Name of Employer		Type of Business	Supervisor's Name and Title
Address of Employer			Phone Number of Employer
Dates (month/year)	From:	Starting Job Title:	Starting Salary:
	To:	Ending Job Title:	Ending Salary:
If you supervised employees, please indicate the number and give dates (month/year)			Reason for leaving
Description of duties:			

I hereby give permission to contact the employers listed above concerning my prior work experience.

Signed _____

If there is a particular employer(s), you do not wish us to contact please indicate which one(s). _____

Are you a former employee of EOA? ____ Yes ____ No If yes, give dates and program: _____

Do you have any relatives at EOA? ____ Yes ____ No If yes, give names, relationship and department: _____

Are you a current or former Head Start parent? ____ Yes ____ No

Are you willing to travel? ____ Yes ____ No Frequently? ____ Yes ____ No

Are you currently employed? ____ Yes ____ No When could you report to work? _____

Personal References

List three references (not relatives).

Name	Business/Occupation	Relationship
Address		Phone Number
Name	Business/Occupation	Relationship
Address		Phone Number
Name	Business/Occupation	Relationship
Address		Phone Number

Give a brief explanation of your employment and career objectives. _____

I certify that the information within is accurate, true and complete to the best of my knowledge and beliefs.

Signature

Date

Date: _____

Position Applied for: _____

In compliance with Federal and State Equal Employment Opportunity Laws, qualified applicants are considered for employment without regard to race, color, religion, sex, national origin, age, marital status, or presence of a non-job related medical condition or handicap.

To help us comply with Federal/State Equal Employment record keeping, reporting and other legal requirements, please answer all questions listed below.

This information will not be used in the employment process and will be kept **Confidential**.

1. Do you have a disability, a handicap or a medical condition that would limit your performance in this job?

_____ Yes _____ No

2. Are you a veteran who received an honorable discharge and has:

Provided more than 180 consecutive days of full time active duty in the armed forces of the United States or reserve components, including more than the National Guard?

OR

Have a military service disability rating fixed by the United States Veterans Affairs?

_____ Yes _____ No

3. Date of Birth: _____

4. Race: _____ Native American/Alaska Native _____ Asian
_____ African American _____ Caucasian
_____ Hispanic _____ Other

5. Sex: _____ Female
_____ Male