



NICAA

Application for Employment



Date:

NICAA is an equal opportunity employer that is committed to diversity and inclusion in the workplace. We prohibit discrimination and harassment of any kind based on race, color, sex, religion, sexual orientation, national origin, disability, genetic information, pregnancy, or any other protected characteristic as outlined by federal, state, or local laws. Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a résumé, but all questions must be answered.

PERSONAL	Last Name:	<input type="text"/>	First Name:	<input type="text"/>	Middle Initial:	<input type="text"/>
	Street Address:	<input type="text"/>		City, State, Zip:	<input type="text"/>	
	Cell Phone:	<input type="text"/>	Email Address:	<input type="text"/>		
	Are you 18 years or older?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
	Are you legally eligible for employment in the United States?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		

POSITION	Position Desired:	<input type="text"/>	Date Available to Start:	<input type="text"/>
	Have you ever applied or worked at NICAA/Golden Meals/Head Start before?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
	<input type="text"/>	If so, when?	<input type="text"/>	
	How were you referred to NICAA?		<input type="text"/>	

EDUCATION	School	Name & Location	Course of Study	No. of Years Completed	Did you graduate?	Degree or Diploma
	Graduate	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	College	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Business/Trade/Technical	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	High School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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GENERAL	Did you serve in the U.S. Armed Forces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, in what Branch?	
	Describe any training received which is relevant to the position for which you are applying:				
	Subjects of Special Study, Research work, or other Special Skills/Knowledge:				
Activities/Professional & Civic Memberships:					

Employment Record

Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please give accurate, complete full-time and part-time employment records. Start with your present or most recent employer.

1	Company Name:		Phone Number:	
	Address:		Employment Dates (MO/YR):	From: /
				To: /
	Job Title:			
Supervisor:		Email Address:		
2	Company Name:		Phone Number:	
	Address:		Employment Dates (MO/YR):	From: /
				To: /
	Job Title:			
Supervisor:		Email Address:		



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3	Company Name:		Phone Number:	
	Address:		Employment Dates (MO/YR):	From: /
				To: /
	Job Title:			
Supervisor:		Email Address:		
4	Company Name:		Phone Number:	
	Address:		Employment Dates (MO/YR):	From: /
				To: /
	Job Title:			
Supervisor:		Email Address:		

References

Please provide the names of at least three individuals not related to you, whom you have known at least one year.

Name	Address	Phone Number	Email Address	Profession	Years Acquainted

Applicant Signature



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The information I have provided in this application for employment is true, correct, and complete to the best of my knowledge. False or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have. To assist in the processing of my application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

I also understand that as a condition of employment, I will be required to complete and successfully pass a pre-employment, post-offer medical physical. Additionally, I understand that this application is not an employment agreement. If I accept an offer of employment, I understand I may resign at any time, and NICAA may terminate my employment at any time, with or without cause and without prior notice, unless required by law.

I have read, understand, and agree to the above statement.

Signature:

Date: