

**Clinch Valley Community Action
Applicant Certifications and Agreement**

I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or omission of any facts on my application, resume, or during any interview, may result in refusal of employment or, if employed, termination from the Agency's employment.

As a condition of employment, I will submit to a Criminal Background Check, Child Protective Services review, driving record background review, Sword Disclosure check, and reference checks. I agree to fully release and discharge Clinch Valley Community Action, its Board, its Executive Director, employees, and any associates from any and all claims, demands, damages, rights of action, or causes of action, present or future, resulting from any of these background checks. I understand that Clinch Valley Community Action requires for me to have a valid driver's license, and that if my position requires, I will obtain a CDL within one year of my hire date.

I understand that Clinch Valley Community Action policy prohibits the hiring of any applicant who uses illegal and/ or unauthorized drugs. I hereby agree to submit to a drug/alcohol screening as per Clinch Valley Community Action policy, and I agree to the release of the test results and other relevant medical information to Clinch Valley Community Action for appropriate review, while holding harmless to Clinch Valley Community Action Inc., its Board of Directors, its director, supervisors, employees, and agents from any and all liability in connection with the testing and results of the test.

I understand that I must report the names of any people related to me who work for, or serve on the Board of Directors, of Clinch Valley Community Action.

I have received the separate disclosure informing me that a consumer report may be obtained and I authorize the Agency to obtain from time to time a "consumer report" as defined in the Fair Credit Reporting Act from a consumer reporting agency (such as a credit bureau) concerning me. I understand that CVCA may use consumer reports in connection with my employment and I agree that they are relevant for this purpose. I will hold CVCA harmless from its use of these reports in this manner.

Any offer of employment I may receive from Clinch Valley Community Action is contingent upon my successful completion of the total pre-employment screening process, including satisfactory completion of any post-job offer pre-employment physical examination the Agency may require.

In the event I am employed, I acknowledge that any such employment is "at will" and that employment and compensation can be terminated with or without cause and with or without notice at any time at the option of CVCA or myself. The Application for Employment is not a contract and cannot create a contract. I understand that no representative other than the Executive Director has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, and any representations contrary to the foregoing are expressly disavowed, shall not be binding upon and should not be relied upon by any prospective or existing employee, unless made in writing and signed by the Executive Director. I further acknowledge that any personnel manual, handbook, publication, policy, procedure, rule or regulation that may now, or in the future, apply to me is not contractual in nature and does not modify the foregoing "at-will" employment relationship.

Name

Relationship to Applicant

Name

Relationship to Applicant

Applicant

Date

Clinch Valley Community Action, Inc.

EMPLOYMENT APPLICATION

Clinch Valley Community Action, Inc. OFFERS EQUAL EMPLOYMENT OPPORTUNITIES TO ALL PERSONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP STATUS, AGE, PHYSICAL OR MENTAL DISABILITY, MARITAL STATUS, OR PAST, PRESENT OR FUTURE SERVICE IN THE UNIFORMED SERVICES OF THE U.S., OR ANY OTHER LEGALLY PROTECTED STATUS.

NAME Last First Middle DATE

ADDRESS Number & Street City State Zip Code

DAY PHONE ALTERNATE PHONE EMAIL

POSITION(S) APPLIED FOR

Availability: Full-time Part-time Temporary Shift Work

Have you applied with us before? Yes No

Have you worked for us before? Yes No

If yes, please provide dates, positions held

Do you currently have any relatives serving on the Board of Directors or immediate family working here? Name.

Are you at least 18 years of age? Yes No

(Employment is subject to verification of minimum legal age)

Are you legally authorized to work in the United States? Yes No

(Documented proof of identity and eligibility for employment in the US is required, such as, but not limited to, a driver's license, Social Security Card, Birth Certificate and/or Immigration and Naturalization Service Documents)

If the position applied for requires driving, do you have an appropriate license? Yes No Do you have a CDL? Yes No N/A

If the position applied for requires overnight travel or an ability to work unusual hours, can you meet that requirement? Yes No

How soon can you report to work?

How did you learn about CVCA or the position for which you are applying? Word of Mouth Friend Website Other

EDUCATION

Table with 5 columns: SCHOOLS, NAME/LOCATION, YEARS COMPLETED, DIPLOMA/DEGREE, STUDIES. Rows include High School, College/University, Technical/Other, Honors/Awards.

SPECIALIZED TRAINING, JOB-RELATED SKILLS

Include apprenticeships, extracurricular activities, qualifications from employment and other experiences.

PROFESSIONAL/TRADE/BUSINESS/ CIVIC ORGANIZATIONS

You may exclude those that could tend to indicate race, color, religion, national origin, disability, or other protected status.

REFERENCES

List three references other than previous employers, relatives, and current employees.

Name Address Phone

Name Address Phone

Name Address Phone

EMPLOYMENT HISTORY

List your entire employment history and account for any gaps in employment.

List last or present employer first; include military service. If you need additional space, please attach a separate sheet of paper.

Employer _____ Phone _____
Address _____ May we contact? Yes ___ No ___
Position _____ Supervisor _____
Dates of Employment _____
Duties/Responsibilities _____

Reason for Leaving _____

Employer _____ Phone _____
Address _____ May we contact? Yes ___ No ___
Position _____ Supervisor _____
Dates of Employment _____
Duties/Responsibilities _____

Reason for Leaving _____

Employer _____ Phone _____
Address _____ May we contact? Yes ___ No ___
Position _____ Supervisor _____
Dates of Employment _____
Duties/Responsibilities _____

Reason for Leaving _____

Have you ever been discharged or asked to resign from a job? Yes ___ No ___

If yes, explain: _____

Signature of Applicant _____ Date _____