



1740 Langdon Farm Road  
Cincinnati, OH 45237  
(513)569-1840

**CINCINNATI-HAMILTON COUNTY COMMUNITY ACTION AGENCY**

**APPLICATION FOR EMPLOYMENT**

An Equal Opportunity Employer

Date \_\_\_\_\_

**PERSONAL INFORMATION**

(Please Print)

NAME \_\_\_\_\_ SS# \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS \_\_\_\_\_  
(Street) (City) (State) (Zip)

TELEPHONE # \_\_\_\_\_ CELL PHONE/PAGER# \_\_\_\_\_

Are you 18 years of age or older? Yes  No

Are you a current or previous Head Start parent? Yes  No

Have you ever been convicted of any misdemeanor or felony (this includes, without limitation, pleading guilty, pleading no contest, or having a finding of guilt)? Yes  No

If yes, where, for what, and give dates: \_\_\_\_\_

Type of Position Applying for: \_\_\_\_\_  
Full-Time  Part-Time  Temporary

Salary or Rate of Pay Desired? \_\_\_\_\_ Date available to start work? \_\_\_\_\_

Will you work overtime hours? Yes  No

Do you have a reliable means of transportation to and from work? Yes  No

Were you referred by a current employee? Yes  No  If yes, who? \_\_\_\_\_

Are any of your relatives currently employed by the Agency? Yes  No  If yes, who? \_\_\_\_\_

Please list below three persons you have known for at least one year (exclude former employers and relatives).

Name and Occupation	Address, City, State, Zip	Phone Number

**EDUCATIONAL BACKGROUND**

Type of School	Name, Address, City, State, Zip	Course of Study	Did you graduate?	List Degree or Diploma
High School				
College				
Graduate School				
Business or Trade				
Other				

**WORK HISTORY (LIST MOST RECENT EMPLOYER FIRST)**

Date, Month, Year	Employer's Name, Address, City, State, Zip, Phone	Supervisor's Name, Phone	Job Title and Duties	Salary		Reason for Leaving
				Start	End	
From:						
To:						
From:						
To:						
From:						
To:						
From:						
To:						

Are you known to schools/references/employers by another name? Yes  No

If yes, please indicate the name(s): \_\_\_\_\_

List any special skills or training you feel we should be aware of in considering your application:

\_\_\_\_\_

Do you speak and/or read any foreign languages? If yes, please list: \_\_\_\_\_

\_\_\_\_\_

Can you type? Yes  No  W.P.M. \_\_\_\_\_

Computer Software Experience: MS Office  Excel  Access  Windows  Other \_\_\_\_\_

Office Equipment Experience: Copier  Fax

## APPLICANT STATEMENT

1. My signature authorizes Cincinnati-Hamilton County Community Action Agency (C-HCCAA) or its authorized agents to conduct a thorough investigation of all statements, written and oral, made by me during the employment application process, including without limitation, information concerning my employment positions, law enforcement record, driving record, and educational background. I hereby authorize all persons, companies or other entities connected with any such informational request, including without limitation, current or prior employers and law enforcement agencies to provide any and all information they may have regarding me or my employment. I release and agree to indemnify C-HCCAA, its authorized agents, and its employees, and all other persons, companies, and other entities from any and all liability arising out of such investigation, including without limitation any liability for furnishing information or for taking any action based on the information provided.

2. I hereby certify that all responses set forth during my employment application process are true and complete. I understand and agree that any falsification, misrepresentation, or omission either on the employment application form or in my responses to questions asked during the interviewing or examination process may disqualify me from further consideration for employment, or if employed by C-HCCAA, will subject me to immediate termination, whenever the falsification or omission is discovered. In this regard, where an item is left blank on the employment application, it is because there is no information within its scope.

3. I understand that a drug and/or alcohol screen may be required before and during my employment. In addition, I authorize a medical examination, including a drug and/or alcohol screen, by an examiner selected by C-HCCAA if I am made a contingent offer of employment. I release and agree to indemnify C-HCCAA, its authorized agents, and its employees, and all other persons, companies, and other entities from any and all liability arising out of any medical examination or drug/alcohol screen or for the taking of any action based on the results of any medical examination or drug/alcohol screen.

4. I agree and consent that C-HCCAA may inspect any C-HCCAA property at any time and for any reason, without notice. This property includes, without limitation, work stations, computers, offices, desks, lockers, voice mail, and filing cabinets. Additionally, I agree and consent that any personal items I bring onto C-HCCAA's premises are subject to inspection at any time and for any reason, without prior notice.

5. I certify that I am a citizen of the United States, or, if not, I can provide required documentation permitting me to work in the United States.

6. In consideration of C-HCCAA's review of my application, I agree that any claim or lawsuit arising out of my application for employment with, my employment with or subsequent separation from C-HCCAA or any of its divisions must be filed no more than one hundred and eighty (180) calendar days after the date the employment action that is the subject of the claim or lawsuit. While I understand that the statute of limitations for claims or actions arising out of an employment action may be longer than one hundred and eighty (180) calendar days, I agree to be bound by the one hundred and eighty (180) calendar day period of limitations set forth herein, and I waive any STATUTE OF LIMITATIONS TO THE CONTRARY. Should a court determine in some future lawsuit that this provision allows an unreasonably short period of time to commence a lawsuit, the court shall enforce this provision as far as possible and shall declare the lawsuit barred unless it was brought within the minimum reasonable time within which the suit should have been commenced.

7. I understand and agree if I am employed by C-HCCAA, my employment is at-will so that I may terminate my employment at any time and for any or no reason. Likewise, C-HCCAA can terminate my employment at any time and for any or no reason. I also understand and agree that nothing contained in C-HCCAA's employment application or in the granting or conducting of an interview or anything set forth in any oral or written statement, communication, or policy now or in the future constitutes or creates or is intended to constitute or to create a contract or promise between me and C-HCCAA for employment, hours of work, or for the providing of benefits. Moreover, I acknowledge that C-HCCAA reserves the right to modify, revoke, suspend, terminate or change any or all of its plans, policies, or procedures at any time, without prior notice. No promises or guarantees regarding employment, hours of work, or for the providing of benefits have been made to me. I further understand and agree that no such promise or guarantee is binding on C-HCCAA unless it is in writing signed by me and the President/CEO of C-HCCAA and that document states that the employment relationship is not "at-will" and details the specific promise or guarantee.

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Applicant's Signature

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Date



**CINNATI-HAMILTON COUNTY COMMUNITY ACTION AGENCY**

1740 Langdon Farm Road, Cincinnati, OH 45237  
(513) 569-1840, (513) 569-4354 FAX

Gwen L. Robinson, President/CEO

**Reference Check**

**Dear Sirs/Madams:**

\_\_\_\_\_  
Applicant Name

has applied for employment with our agency. We have been authorized to communicate with you for verification and such reference information as you care to give us.

Company: \_\_\_\_\_ Phone # \_\_\_\_\_

Employment dates: \_\_\_\_\_

Position: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Is applicant eligible for rehire? \_\_\_\_\_

In the space below, we would appreciate any helpful comments you care to make and will respect your confidence in this matter.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employer signature Title Date

**APPLICANT'S SIGNATURE ONLY**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I \_\_\_\_\_ authorize you to release the information above to  
Cincinnati-Hamilton County Community Action Agency.

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

EQUAL OPPORTUNITY EMPLOYER