

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

Last 4 Digits of Social Security 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: To:	Starting Job Title: Ending Job Title:	Starting Salary: Ending Salary: Ending Pay:
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: To:	Starting Job Title: Ending Job Title:	Starting Salary: Ending Salary: Ending Pay:
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: Ending Pay:
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

