

Applicant's Name _____ Social Security Number _____ - -

Employment History Continuation Sheet

From / / to / / Job Title: _____ Salary: \$
Employer: _____ Employer phone: () - _____ Supervisor's Name
Address: _____
Street City State Zip

Summary of Experience:

Reason for Leaving:

From / / to / / Job Title: _____ Salary: \$
Employer: _____ Employer phone: () - _____ Supervisor's Name
Address: _____
Street City State Zip

Summary of Experience:

Reason for Leaving:

From / / to / / Job Title: _____ Salary: \$
Employer: _____ Employer phone: () - _____ Supervisor's Name
Address: _____
Street City State Zip

Summary of Experience:

Reason for Leaving:

Nueces County Community Action Agency

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Please read carefully and answer all questions. Attach additional sheets for explanation if necessary.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you been dismissed or asked to resign from a job within the last five (5) years? If yes , explain. _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you been convicted of a felony or misdemeanor by any law enforcement authority within last 10 years classified as an offense against a person or family or of public indecency or a violation of the Texas Controlled Substance Act? You may exclude minor traffic violations for which you paid a fine of \$100 or less.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been discharged from the Armed Forces under other than honorable conditions?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	May we contact your present employer regarding your character, qualification, and record of employment? If no, please explain: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you previously worked for Nueces County Community Action Agency? If yes , what year (s)? _____ - _____, what position? _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you presently related to anyone employed by the Agency or to anyone who is serving on the Board of Directors or any other policy making committee of this Agency? If yes , complete the following: Name: _____ Relationship: _____ Name: _____ Relationship: _____

DRIVER'S LICENSE

<p>1. Do you have a current, valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. If yes, license number is _____ issuing state is __, and type of license is _____</p> <p>3. Is your license presently restricted, suspended, or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable</p> <p>4. If yes, please explain: _____</p> <p>5. Has your license ever been revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____</p> <p>6. Do you have current auto liability coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable</p> <p>If no, please explain: _____</p>

CURRENT LICENSES / CERTIFICATIONS

Type of License or Certification	Number	Issuing Agency	Expiration Date
			- -
			- -

ADDITIONAL SKILLS

If applicable, please check all of the following skills you possess.

Typing _____ wpm Adding Machine _____ wpm Computer word-processing Yes No

Do you speak any foreign languages: Yes No If yes, which ones? _____

If you possess computer skills, do you have experience in using any of the following software? Check all that apply to you.

- | | | |
|---|--|--|
| <input type="checkbox"/> Lotus 123 or Excel | <input type="checkbox"/> WordPerfect, Word, or Ami Pro | <input type="checkbox"/> Desktop publishing software |
| <input type="checkbox"/> Windows | <input type="checkbox"/> DOS 6.0 and above | <input type="checkbox"/> Other _____ |

Optional: You may wish to provide additional information on your training or experience which relate to this job in the space provided or on attached sheets.

Nueces County Community Action Agency

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PLEASE READ CAREFULLY AND SIGN

I hereby certify that the information contained in this application is true and correct and that I have made no willful misrepresentation in this application nor have I withheld information in my statement and answers to questions. I am aware that the information given by me in my application will be investigated, including but not limited to, a criminal history check, previous employment, and character reference checks. I authorize the references listed above, as well as all other individuals whom Nueces County Community Action Agency contacts, to provide Nueces County Community Action Agency any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to Nueces County Community Action Agency as well as from the use or disclosure of such information by Nueces County Community Action Agency or any of its agents, co-workers or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer, or if I am hired, my immediate dismissal from employment. All information will be considered in determining eligibility for employment with this agency. In addition I acknowledge that should I be offered a position with Nueces County Community Action Agency the following conditions of employment will be applicable:

- 1. I am fully aware that Nueces County Community Action Agency is a private, non-profit organization that operates with federal and state funds. Funding is made available on an annual basis and my job position funding could be terminated without notice.
2. I agree to obtain all necessary medical examinations, TB tests, a food handler's permit, or other certifications that may be required of me in accordance with the job description if I am offered a position with this Agency.
3. I understand that I am required to participate in the Agency's pre-employment drug testing program and that I must pass the pre-employment drug test prior to being offered a position with this Agency. I also agree to abide by the Agency's Drug and Alcohol Policy which will also subject me to possible random, reasonable suspicion, and post-accident drug and alcohol testing.
4. I agree to abide by the policies and procedures set forth in the Agency's Personnel Policies and Procedures.
5. I affirm that as of the date of initial employment, I am not in violation of the Agency's Nepotism Policy as stated in the Agency's Personnel Policies and Procedures. A copy of this policy was provided to me at time of application and discussed during orientation training. I also agree to inform my supervisor if at anytime in the future I should be in violation of the Nepotism Policy.

Applicant's Signature _____ Date _____

Table with 2 columns: To be filled out by interviewer; To be filled out by Human Resources Department. Rows include: Requester's Name; Date of 1st Interview; Date of 2nd Interview (if applicable); Recommended: Yes No; Date of Drug Test; Date of Hire.

EEO Data Form

COMPLETION OF THIS FORM IS VOLUNTARY

This form will not be part of your official application and will be separated from the application.

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a not-job-related medical condition or disability, or any other legally protected status. The following information will be used for internal statistical purposes and for reports to governmental regulatory agencies only. This information is considered confidential information that will not be used in any hiring decision. Your cooperation is appreciated.

Today's date: ____ - ____ - ____

Name: _____ Social Security Number: ____ - ____ - ____
Position Applied For: _____ Date of Birth: ____ - ____ - ____

Sex: Male Female

Are you a U.S. citizen? Yes No

If no, Alien Registration # : _____

National Origin: _____

EEO CLASSIFICATION

Specific Instructions: The categories below are designed to identify your racial and national origin category. If you are of mixed racial and or national origin, identify yourself by the category with which you most closely identify. Place a check mark in the box next to the appropriate category. **Mark only one box.**

White (Not of Hispanic Origin)

Asian or Pacific Islander

Hispanic

American Indian or Alaskan Native Affiliation

Black (Not of Hispanic Origin)

Other: _____

DISABLED OR VIETNAM-ERA VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL DISABILITIES

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified Disabled Veterans and Veterans of the Vietnam Era, and qualified disable individuals. You are invited to volunteer information, if you qualify to assist in proper placement and determining reasonable accommodation.

Yes No

Are you a veteran of U.S. Armed Forces?

(A Veteran is someone who has served 180 consecutive days of active duty.)

Yes No

Are you a Veteran of the Vietnam -Era? (August 9, 1964 - May 7, 1975.)

Yes No

Are you a Veteran entitled to compensation under laws administered by the VA for disability? If yes, percent (%) of disability received: ____%

NUECES COUNTY COMMUNITY ACTION AGENCY

Reference Release

A machine copy of this Reference Release has the same force and effect as the original.

Applicant's name: _____ Applicant's Social Security Number _____ - -

I understand that Nueces County Community Action Agency (hereinafter NCCAA) will be checking my references as part of the hiring process to learn about my work history and personal character. I give my permission for representatives of NCCAA to contact in writing, by phone or in person not only those references listed on my application, but any person, firm, corporation, credit agency, or government agency that would be useful in assessing my appropriateness for the job. I understand that these references will be confidential and I will not have access to them. I also understand that NCCAA will conduct reference checks in a professional manner. I release NCCAA and all providers of information from any and all liability as a result of furnishing and receiving this information.

Applicant's Signature: _____ Date: _____

REFERENCES (Name, Address, and telephone numbers):

Professional:

1. _____ (____) - ____
Name Phone Number
Address: _____
Street or P.O. Box City State Zip

2. _____ (____) - ____
Name Phone Number
Address: _____
Street or P.O. Box City State Zip

3. _____ (____) - ____
Name Phone Number
Address: _____
Street or P.O. Box City State Zip

Personal:

1. _____ (____) - ____
Name Phone Number
Address: _____
Street or P.O. Box City State Zip

2. _____ (____) - ____
Name Phone Number
Address: _____
Street or P.O. Box City State Zip

3. _____ (____) - ____
Name Phone Number
Address: _____
Street or P.O. Box City State Zip

Request for Drivers License and Record Check

I understand that the position for which I am applying may require me to drive a Nueces County Community Action Agency vehicle and that I must have a current and valid Texas Driver License. I also understand that my driving record must meet the requirements of Nueces County Community Action Agency’s insurance carrier in order to be eligible for employment. I understand that Nueces County Community Action Agency will confirm the status of my drivers license and obtain a report of my driving record, and I hereby give my consent for these checks and reports.

I hereby authorize you to release the following information to Nueces County Community Action Agency for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from obtaining such information.

X _____
Applicant Signature Date

- 1. In accordance with the provisions of Section 604 and 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I hereby certify that the information requested below will be used for a “permissible purpose” as defined in the Act, and that the information received will be used for no other purpose.
- 2. I further certify that if the applicant named below is denied employment based upon information received, I will identify the source of the report in accordance with Section 516(a) of the Fair Credit Reporting Act

X _____
Signature of Requestor Date

The following person has made application with our Agency for the position of _____. In accordance with Section 391.23 Federal Department of Transportation Regulations, please furnish the undersigned with the applicant’s driving record for the past three (3) years.

Name of Applicant: _____

Address: _____

Current Drivers License Number: _____ State: _____

Date of Birth: _____

REQUESTED BY:

Nueces County Community Action Agency
Address: 101 South Padre Island Drive
Corpus Christi, TX 78405
Phone: (361) 883-7201 Fax: (361) 883-9173

By: _____
Joe A. Martinez
Executive Director

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

a person has taken adverse action against you because of information in your credit report; you are the victim of identify theft and place a fraud alert in your file; your file contains inaccurate information as a result of fraud; you are on public assistance; you are unemployed but expect to apply for employment within 60 days. In addition, by September 2005, all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be

removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688 (or 1-888-5-OPTOUT).

You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:

Consumer reporting agencies, creditors and others not listed below

National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)

CONTACT:

Federal Trade Commission: Consumer Response Center - FCRA
Washington, DC 20580 1-877-382-4357

Office of the Comptroller of the Currency
Compliance Management, Mail Stop 6-6,
Washington, DC 20219 800-613-6743

TYPE OF BUSINESS:

Federal Reserve System member banks
(except national banks, and federal
branches/agencies of foreign banks)

Savings associations and federally
chartered savings banks (word "Federal" or
initials "F.S.B." appear in federal
institution's name)

Federal credit unions (words "Federal
Credit Union" appear in institution's name)

State-chartered banks that are not
members of the Federal Reserve System

Air, surface, or rail common carriers
regulated by former Civil Aeronautics
Board or Interstate Commerce Commission

Activities subject to the Packers and
Stockyards Act, 1921

CONTACT:

Federal Reserve Board
Division of Consumer & Community Affairs
Washington, DC 20551 202-452-3693

Office of Thrift Supervision
Consumer Complaint
Washington, DC 20552 800-842-6929

National Credit Union Administration
1775 Duke Street
Alexandria, VA 22314 703-519-4600

Federal Deposit Insurance Corporation
Consumer Response Center, 2345 Grand
Avenue, Suite 100
Kansas City, Missouri 64108-2638 1-877-
275-3342

Department of Transportation , Office of
Financial Management
Washington, DC 20590 202-366-1306

Department of Agriculture
Office of Deputy Administrator – GIPSA
Washington, DC 20250 202-720-7051