



# Central Oklahoma Community Action Agency

PO Box 486, Shawnee, OK 748

Phone: (405) 275-6060

FAX: (405) 214-4326

## Application for Employment

Central Oklahoma Community Action Agency (COCAA) is committed to equal employment opportunity for all, regardless of age, gender, color, race, creed, national origin, religious persuasion, opinion or affiliation, political persuasion, opinion or affiliation, marital status, military/veteran status, disability/handicap, or sexual orientation (or any other classifications covered by equal employment laws and regulations) that does not prohibit performance of essential job functions.

**Instructions:** Please print all of the requested information. You may be asked to provide other information on another form. Be sure to **sign and date** the application. Thank you.

Position applying for \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Are you a legal resident of the United States? Circle one	Yes	Have you ever been convicted of a felony? If so, describe what, when ⇨	
	No		

### Education

High School Diploma or GED    Yes    No    If no, highest grade completed \_\_\_\_\_

High School location \_\_\_\_\_

Vocational training obtained (describe) \_\_\_\_\_

Years of College completed \_\_\_\_\_ Degree/major \_\_\_\_\_

Name of college/university \_\_\_\_\_

Membership in professional or civic groups (Do not list any that would disclose your race, religion, or national origin) \_\_\_\_\_

Volunteer experience related to the job for which you are applying \_\_\_\_\_

List any member(s) of the COCAA board of directors to whom you are related and state the relationship:

\_\_\_\_\_

**An Equal Opportunity Employer**

## Employment Record

List your **last three employers**, with the most recent first. List temp agencies as employers, and worksites as positions. List all positions held with the same employer. Be sure to include address and phone number in all cases. If including a resume, please provide contact information for last three employers on this application. Include any periods of self-employment and unemployment and dates.

Employer Address Phone Number	Position (s) Held	Dates of Employment	Supervisor	Start Wage	End Wage	Reason for Leaving

## Personal References

If you can not list previous employers, please provide three personal references who are not family members. You do not need to furnish these references if you have been employed.

Name _____	Phone # _____
City/State/ZIP _____	
Name _____	Phone # _____
City/State/ZIP _____	
Name _____	Phone # _____
City/State/ZIP _____	

I understand that reference checks will be made. I hereby authorize all references listed to furnish COCAA with true information about me and my employment. I certify that all the information I have furnished is true and that this application may be voided if any information is determined to be false. I will be offered an opportunity to correct or respond to information which contradicts this application.

Applicant's signature \_\_\_\_\_

Effective August, 2005

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## Equal Employment Opportunity Applicant Characteristics

We collect the following information so we can create a statistical picture of our employees and those who apply for employment with us.

**This sheet will be separated from your application. This information will have no impact on your application or selection for employment at COCAA.**

Position \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

I am (check all that apply) \_\_\_ Female \_\_\_ Male \_\_\_ Service member/veteran

\_\_\_ Non-citizen \_\_\_ Disability Describe \_\_\_\_\_

My heritage is

I was born in (year) \_\_\_\_\_

(Check all that apply)

\_\_\_ African American

\_\_\_ Alaskan/Pacific Islander

\_\_\_ Asian American

\_\_\_ Caucasian American

\_\_\_ Hispanic American

\_\_\_ Native American

\_\_\_ Other

\_\_\_ Two or more

### For Office Use Only

Entered in the AA  
Statistics Worksheet

Date \_\_\_\_\_

By \_\_\_\_\_

Thank you.

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