



Tallatoona CAP, Inc.
P.O. Box 1480
Cartersville, GA 30120
Attn: Human Resources
Phone: 678-721-9391 X102
Fax: 678-721-9395

**Tallatoona Community
Action Partnership, Inc.**

APPLICATION FOR EMPLOYMENT

Tallatoona Cap, Inc. is an Equal Opportunity Employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability or any other characteristic protected by law.

PERSONAL INFORMATION: (Please Print Clearly & Complete Entire Application)

Name: _____ Date of Application: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone # _____ Alternate Phone # _____ Email: _____

APPLICANT QUESTIONS:

Position applied for: _____ Date Available for Work: _____

Type of employment desired: Full Time _____ Part-Time _____ Temporary _____

How were you referred to Tallatoona Cap, Inc.? _____

If hired, can you provide documents required to establish your eligibility to work in the U.S.? Yes No

Have you ever been employed here before? Yes No

If yes, give dates: From _____ to _____ Name Used: _____

Are you related by blood or marriage to any individual currently employed by this agency? Yes No

If yes, please explain _____

Have you ever been terminated for cause or asked to resign? Yes No

If yes, please explain _____

Are you currently employed? If so, can we contact your present employer? Yes No

Please list any special skills or attributes that qualify you for the role that you are applying for below:

EDUCATION:

High School:

Name, City, & State of School: _____

Number of years completed: _____ Diploma or GED: Yes No

College or Technical School

Name, City, & State of School: _____

Course of Study: _____ Number of years completed: _____

Degree: _____ Yes _____ No Type of Degree _____

Other University or Specialized Training

Name, City & State of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____ Yes _____ No Type of Degree _____

RECORD OF EMPLOYMENT:

List positions starting with most recent:

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor Name: _____

Start Date: _____ End Date: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor Name: _____

Start Date: _____ End Date: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor Name: _____

Start Date: _____ End Date: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor Name: _____

Start Date: _____ End Date: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

WORK-RELATED REFERENCES: (Do not include relatives)

	Name	Job Title	Years Known	Phone Number
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

PERSONAL REFERENCES (Required only for Head Start Applicants)

	Name	Relationship	Years Known	Phone Number
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

SKILLS AND QUALIFICATIONS

Computer Skills: _____ Word _____ Excel _____ PowerPoint _____ Data Entry Words per Minute

Summarize special job-related skills and qualifications acquired from employment or other experience.

STATEMENT (Please read this statement carefully before signing this application):

I understand that employment with Tallatoona CAP, Inc. (the Agency) is at-will, meaning that I or the Agency may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I authorize the Agency to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release the Agency, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand that the Agency requires the successful completion of a drug test and a thorough background check as a condition of employment.

I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

Signature of Applicant: _____ Date Signed: _____

Note: Resume may be attached along with proof of education and/or other employment related credentials.

An official school transcript will be required before employment.

Due to the volume of applications received, only those applicants selected for an interview will be contacted.