



PLEASE NOTE: COASTAL COMMUNITY ACTION, INC. IS AN AT-WILL EMPLOYER. ALL EMPLOYEES OF THE AGENCY ARE FREE TO RESIGN AT ANY TIME AND WITHOUT REASON. CCA, INC., LIKewise, RETAINS THE RIGHT TO TERMINATE AN EMPLOYEE'S EMPLOYMENT AT ANY TIME WITH OR WITHOUT REASON OR NOTICE.

INSTRUCTIONS TO APPLICANTS

TO BE CONSIDERED FOR EMPLOYMENT, YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION FORM.

CCA EMPLOYS ONLY US CITIZENS OR ALIENS WHO CAN PROVIDE PROOF OF IDENTITY AND WORK AUTHORIZATION WITHIN 3 WORKING DAYS OF EMPLOYMENT MALES SUBJECT TO MILITARY SELECTIVE SERVICE REGISTRATION MUST CERTIFY COMPLIANCE TO BE ELIGIBLE FOR CCA EMPLOYMENT (G.S. 143B-421.1). SEE AVAILABILITY BLOCK.

WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU:

- APPLY FOR ONE VACANCY PER APPLICATION.
- GIVE COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY (**"SEE RESUME" IS NOT ACCEPTABLE**).
- LIST SEPARATELY EACH JOB HELD AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.
- CHECK FOR ACCURACY, SIGN AND DATE YOUR APPLICATION.

THANK YOU FOR YOUR INTEREST IN COASTAL COMMUNITY ACTION, INC. ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION.

APPLICATION SUBMISSION

PLEASE EMAIL YOUR APPLICATION AND RESUME TO:

Brittany Sizemore

Email: Brittany.Sizemore@coastalca.org

APPLICATION FOR EMPLOYMENT

**Coastal Community
Action, Inc.**

Date of Application _____

Position Applied For: _____ Are you 18 or over? YES NO Are you authorized to work in the United States? YES NO

Last Name _____ First Name _____ Middle Name _____

Address (Street number and name) _____ City, State _____ Zip _____

Phone (Home or where you can be reached) _____ Cell Phone _____ Business Phone _____

Are you related by blood or marriage to any person now working Coastal Community Action, Inc? YES NO
If yes, give name, relationship to you and position.

Education

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4

Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.

Schools	Name and Location	Grad?	S/Q Hrs.	Major/Minor Course Work	Type of Degree Received
High School		YES <input type="checkbox"/> NO <input type="checkbox"/>			
College(s) University (s)		YES <input type="checkbox"/> NO <input type="checkbox"/>			
Graduate or Professional		YES <input type="checkbox"/> NO <input type="checkbox"/>			
Early Childhood Education		YES <input type="checkbox"/> NO <input type="checkbox"/>			

Special training programs and seminars you have completed in the last five years (list):

If the job(s) applied for calls for specific courses, indicate those courses taken and credits received:

Current professional status: (List fields of work for which you have been registered)

Registration: _____ State: _____ No. _____

Registration: _____ State: _____ No. _____

Do you have transportation to the job?:

DO NOT COMPLETE THIS BLOCK

DEGREES AND PROFESSIONAL CREDENTIALS

- Have been verified
 Will be verified within 90 days
Person Responsible: _____

Licenses and certifications (List, giving dates and sources of issuance):

SKILLS

CHECK the following skills, experiences, etc., which you have:

- Driver's License _____ Number _____ State _____ Foreign language (specify) _____ Word Processing
- CDL _____ Number _____ State _____ Computer Experience (specify) _____ Other _____
- Passenger bus endorsement? Car for use at work?

Have you been convicted of a felony within the last 5 (five) years? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.) YES NO (If yes, explain below.)

WORK HISTORY (include volunteer experience) **Use Additional Sheets if Necessary**

Current or Last Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving	May We Contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/>
Date Separated (mo/yr)	List major duties in order of their importance in the job:			
Full Time Years Months				
Part Time Years Months				
If part time, number of hours worked per week:				

Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving	
Date Separated (mo/yr)	List major duties in order of their importance in the job:			
Full Time Years Months				
Part Time Years Months				
If part time, number of hours worked per week:				

Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving	
Date Separated (mo/yr)	List major duties in order of their importance in the job:			
Full Time Years Months				
Part Time Years Months				
If part time, number of hours worked per week:				

Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving	
Date Separated (mo/yr)	List major duties in order of their importance in the job:			
Full Time Years Months				
Part Time Years Months				
If part time, number of hours worked per week:				

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action up to and including termination, if I am employed, and (or) criminal action. I acknowledge that if I am employed by CCA, Inc., my employment will be employment **at will**, and may be terminated with or without cause at any time by me or Coastal Community Action, Inc. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications. (Authority: G.S. 126-30, G.S. 14-122.1)

Signature of Applicant **(unsigned applications will not be processed)** _____
Date

Coastal Community Action, Inc.

Affirmative Action Information - Applicant Form

Coastal Community Action, Inc. (CCA) is committed to the concept of equal employment opportunity. Solely in order to help make this commitment a reality, CCA has established an affirmative action plan which includes asking its applicants to provide certain information on a **voluntary basis**. Providing any of the information requested below is entirely voluntary. Your decision whether or not to provide this information will not affect your employment candidacy with CCA or your status as an employee if appointed. CCA will keep the information you provide confidential and will use the information only in accordance with the ADA and other applicable laws.

POSITION APPLYING FOR: _____

HOW DID YOU LEARN OF THIS JOB OPENING?

- CCA Website
- CCA Employee
- Newspaper (specify) _____
- World Wide Web
- Other (specify) _____

AGE

- Under 18
- 18-39
- 40 -65
- Over 65

GENDER

- Male
- Female

RACE OR ETHNIC GROUP

- HISPANIC or LATINO - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race
- WHITE (Not Hispanic or Latino)
- BLACK or AFRICAN AMERICAN (Not Hispanic or Latino)
- NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER
- ASIAN (Not Hispanic or Latino)
- AMERICAN INDIAN or ALASKAN NATIVE (Not Hispanic or Latino)

ARE YOU DISABLED?

- Yes *(Disabled individual means any person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities; (2) has a record of such impairment; or (3) is regarded as having such an impairment. A disabled individual is "substantially limited" with respect to the activity of employment if he or she is likely to experience difficulty in securing, retaining, or advancing in employment*
- No

CCA is firmly committed to carrying out laws which protect the disabled from discrimination. The agency's policy is to ensure applicants for employment who are disabled have the same job opportunities as all others. Submission of information regarding disabled status is voluntary and refusal to provide it will not prejudice your chance of employment, nor subject you to discharge or disciplinary treatment if you are employed. Information obtained concerning individuals shall be kept confidential, except that if you are hired, supervisors and managers may be informed regarding restrictions on the work of duties of disabled individuals, and regarding necessary accommodations. First aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and government officials investigating compliance with relevant laws shall be informed.