# OCAP APPLICATION FOR EMPLOYMENT

**JOB LOCATION:** _____ **POSITION:** _____

**PERSONAL INFORMATION** DATE _____

NAME _____ _____
LAST FIRST MIDDLE EMAIL ADDRESS

PERMANENT ADDRESS _____ PHONE # _____

ARE YOU AVAILABLE FOR WORK _____Full Time _____Part Time _____Temporary

PLEASE INDICATE DATES AVAILABLE _____

HAVE YOU EVER WORKED FOR US BEFORE? _____ YES _____ NO
IF YES, GIVE DATE _____

ARE YOU CURRENTLY EMPLOYED? _____ YES _____ NO

MAY WE CONTACT YOUR EMPLOYER? _____ YES _____ NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? _____ YES _____ NO

CAN YOU TRAVEL IF A JOB REQUIRES IT? _____ YES _____ NO

Please list any relatives that work with OCAP/ Head Start and their relationship to you. _____

## EDUCATION

| School | Name and address of School | Years Attended | Date Graduated | Major | Degree |
|---|---|---|---|---|---|
| Grammar School | | | | | |
| High School | | | | | |
| Undergraduate College | | | | | |
| Graduate/ Professional | | | | | |
| Other (specify) | | | | | |

What foreign languages do you speak fluently? _____ read _____ write _____

**Please fully complete this application and return to the Central Office. OCAP; 507 N. Three Notch Street; Troy, AL 36081**

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## WORK EXPERIENCE

FORMER EMPLOYERS List below last four employers, starting with last one first

| Date Month and Year | Name and address of Employer | Position | Reason for leaving |
|---|---|---|---|
| From _____ To _____ | | | |
| From _____ To _____ | | | |
| From _____ To _____ | | | |
| From _____ To _____ | | | |

**REFERENCES:** Give the names of three persons not related to you, whom you have known at least one year.

| NAME | ADDRESS | BUSINESS | YEARS ACQUAINTED |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

IN CASE OF EMERGENCY NOTIFY

NAME ADDRESS PHONE NO.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMMISSION OF THE FACTS CALLED FOR IS CAUSE FOR DISMISSAL FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PREVIOUS NOTICE.

DATE SIGNATURE

OCAP consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

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