

Coastal Community Action, Inc.

Helping People. Changing Lives.

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 SUBMIT YOUR APPLICATION, RESUME AND COVER LETTER TO:

COASTAL COMMUNITY ACTION, INC.
ATTN: DIRECTOR OF HUMAN RESOURCES
PO Box 729, 303 MCQUEEN AVENUE
NEWPORT, NC 28570

ALTERNATIVELY, SUBMIT YOUR APPLICATION, RESUME AND COVER LETTER TO:

E-Mail: dora.sprague@coastalcommunityaction.com
Fax: (252) 223-1688

APPLICATION FOR EMPLOYMENT

**Coastal Community
Action, Inc.**

Date of Application

Position Applied For:	Are you 18 or over? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO
Last Name	First Name	Middle Name
Address (Street number and name)		City, State
Phone (Home or where you can be reached)		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:

<input type="checkbox"/> Driver's License _____ Number _____ State _____	<input type="checkbox"/> Foreign language (specify) _____	<input type="checkbox"/> Word Processing
<input type="checkbox"/> CDL _____ Number _____ State _____	<input type="checkbox"/> Computer Experience (specify) _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Passenger bus endorsement?		
<input type="checkbox"/> 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	
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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