



**ANOKA COUNTY COMMUNITY  
ACTION PROGRAM, INC.**

APPLICATION FOR EMPLOYMENT  
*An Equal Opportunity / Affirmative Action Employer*

Human Resource Department  
1201 - 89<sup>th</sup> Avenue N.E., Suite 345  
Blaine, Minnesota 55434  
Phone: 763-783-4747  
Fax: 763-783-4700  
[www.accap.org](http://www.accap.org)

START HERE		
Title of Position for which you are applying:		
Date of Application:		
month	day	year

**Please complete entire application. Applications will be rejected if incomplete.**

Last Name	First Name	Middle Name	Former Name(s)	Phone Number
Street Address		Apt. No.	Email Address	
City	State	Zip Code	Are you 18 or older?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a United States Citizen OR, if not, do you have permission to work in this country?			Yes <input type="checkbox"/>	No <input type="checkbox"/>

All employment offers may be conditional upon the applicant passing a criminal background check. Convictions are not an automatic bar to employment. Each case is considered on its individual merits and the type of work sought.

If position requires driving, please provide driver license number:	Driver License No.	State Issued	Class
If position requires certificate, registration, or occupational license, please provide information:	Type	Number	Expiration Date

Are you a present employee of ACCAP? Yes  No  If yes, what department?

Are you a past employee of ACCAP? Yes  No  Would you be interested in temporary employment: Yes  No   
If yes, please indicate which type: Full-time  Part-time

EDUCATION/TRAINING: Name of High School Attended:		Location:		
Did you graduate from High School or receive a G.E.D.?		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name and location of college, university, technical, professional, business, trade, vocational or other school	Did you graduate?	Certificate or degree obtained.	Major	Minor
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Yes <input type="checkbox"/> No <input type="checkbox"/>			

**Applicant:** *If you have a disability that would prevent you from testing for a position under standard conditions, please notify the Human Resources Department so that every reasonable effort can be made to accommodate you.*

**Applicant: Please give four (4) business references: name, address, email and phone number.**

NAME	ADDRESS	EMAIL	PHONE

**WORK EXPERIENCE: BE COMPLETE. DO NOT MARK APPLICATION "SEE RESUME".** Account for ALL your work experience. List previous employers in chronological order, starting with current/most recent employer. Applications will be rejected if incomplete.

Present or last employer		Address		City	State	Zip
Job Title		Supervisor		Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
From: Mo. Yr.	To: Mo. Yr.	Total Employment Length Yrs. Mos.		Full time Part time	Hrs./Wk.	
Reason for leaving						
Specific duties						
Second last employer		Address		City	State	Zip
Job Title		Supervisor		Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
From: Mo. Yr.	To: Mo. Yr.	Total Employment Length Yrs. Mos.		Full time Part time	Hrs./Wk.	
Reason for leaving						
Specific duties						
Third last employer		Address		City	State	Zip
Job Title		Supervisor		Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
From: Mo. Yr.	To: Mo. Yr.	Total Employment Length Yrs. Mos.		Full time Part time	Hrs./Wk.	
Reason for leaving						
Specific duties						
Fourth last employer		Address		City	State	Zip
Job Title		Supervisor		Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
From: Mo. Yr.	To: Mo. Yr.	Total Employment Length Yrs. Mos.		Full time Part time	Hrs./Wk.	
Reason for leaving						
Specific duties						

FOR ADDITIONAL WORK EXPERIENCE, USE BLANK SHEETS AND ATTACH TO THIS FORM.

List any additional information you feel may be important for us to know in evaluating your application, e.g. professional society membership, relevant community activities or volunteer work, skills or specific accomplishments. Please be specific and include period of time involved, if applicable. Attach additional sheets, if necessary.

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age, or by other means. The term "Employment Applications" refers to all written inquiries about employment or applications for employment or promotion including, but not limited to, resumes or other summaries of the applicant's background. It relates not only to written pre-employment inquiries, but also to inquiries by employees concerning terms, conditions, or privileges of employment as specified in Section 4 of the Act.

**READ AND SIGN**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements, as necessary, to consider my application. I understand that false or misleading information given in my application or interview(s) is cause for ineligibility from consideration or discharge. I understand that I am required to abide by all rules and regulations of ACCAP.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

Upon request, this form will be made available in alternative formats per requirements of ADA.

# ANOKA COUNTY COMMUNITY ACTION PROGRAM, INC.

1201 89<sup>th</sup> Avenue NE | Suite 345 | Blaine, MN 55434

Phone: 763-783-4747 | Fax: 763-783-4700

Website: [www.accap.org](http://www.accap.org)



## Voluntary Applicant Survey Form

An Equal Opportunity, Affirmative Action Employer

Last name	First name	Middle initial(s)
Date	Position(s) for which you are applying	

**Please read carefully (voluntary disclosure):** As an affirmative action employer, we must monitor our equal employment opportunity and affirmative action program and report these results to government agencies. If you choose not to provide some or all of this information, you will not be subject to any negative or adverse treatment.

The information you provide is **completely voluntary** and will only be used to monitor our compliance with equal opportunity laws and regulations. *When* we receive this form, we will immediately place it in a confidential file separate from your application. If you wish, you may mail this form to us separately to the attention of Sarah Ferrell – Affirmative Action Officer to the address listed at the top of this form.

### Race/Ethnicity – Select one or more

- American Indian or Alaskan Native: A person having origins in any of the original peoples of North, South or Central Americas, and who maintains tribal affiliation or community attachment.
- Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia or Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American: A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South, Central American or other Spanish culture or origin, regardless of race.
- Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Do not wish to answer

### Disability – Are you a person with a disability?

- Yes
- No
- Do not wish to answer

### Sex/Gender – Select one

- Woman
- Man
- Non-Binary/Transgender/Gender Non-Conforming
- Do not wish to answer

### Veteran Status – Are you a protected veteran?

- Yes
- No
- Do not wish to answer

Thank you for taking the time to complete this survey. Please direct questions to:  
Sarah Ferrell, Affirmative Action Officer | [sferrell@accap.org](mailto:sferrell@accap.org) | 763-783-4962