



## SPCAA Application For Employment

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*We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of disability or any other legally protected status.*

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### Application Date:

### Position(s) Applied For:

*\* Please note that SPCAA only accepts applications for specific open positions. See all job openings at [www.spcaa.org/careers](http://www.spcaa.org/careers)*

### Name & Social Security Number

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*First*

*Middle*

*Last*

*Maiden (if Applicable)*

*Social Security Number (xxx-xx-xxxx)*

### Address

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*Address 1*

*City*

*State*

*Zip*

*Address 2*

### Telephone

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*Home*

*Cell*

*Other*

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**Are you eighteen (18) years of age or older?**

**Yes**

**No**

**Are you legally eligible to work in the United States?**

**Yes**

**No**

*(Documentation will be required if hired)*

**Do you have a valid drivers permit?** **Yes** **No**  
*If yes what type?*

**Have you ever filled out an application here before?** **Yes** **No**  
*If yes, provide date(s) (MM/DD/YR)*

**Have you ever been employed here before?** **Yes** **No**  
*If yes, provide date(s) (MM/DD/YR)*

**Are you employed now?** **Yes** **No**

**If yes, may we contact your present employer?** **Yes** **No**

**What date would you be available to work?** (MM/DD/YR)

**Availability work schedule check all that apply.**

**Full-Time** **Part-Time** **Health Provider**

**Are you willing to travel?** **Yes** **No**

**Are you related to anyone who is currently employed by South Plains Community Action?** **Yes** **No**

**If yes, provide name and relationship**  
(Name) (Relationship)

**Are you a parent of a child in the SPCAA Head Start program or have you ever volunteered with any division of SPCAA?** **Yes** **No**  
*If yes, provide details*

**Have you been convicted of a felony within the last 7 years?** **Yes** **No**  
*(Conviction will not necessarily disqualify applicant from employment)*  
*If yes, provide details*

**Do you have any current obligation as a result of conditions of probation or parole?** **Yes** **No**  
*If yes, please explain*

**Veteran of the U.S. Military?**

**Yes**

**No**

*If yes, which branch?*

*Discharge Date*

*(MM/DD/YR)*

*Check any that apply*

**Vietnam Veteran**

**Disabled Veteran**

**Other (specify)**

**Indicate languages, other than English, you speak, read, and/or write.**

## **Education**

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**High School or GED completed?**

**Yes**

**No**

*If no, provide highest grade completed.*

**Colleges, Universities or Trade Schools attended**

**Name of School**

**City/State**

**Years Attended**

**Degree/Major**

**List any professional licenses or certifications, special certificates, skills, and/or qualifications (CPR, first aid, computer skills, accounting, bookkeeping, etc.) that apply.**

## References

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Please provide name, address and phone numbers of 3 personal references who are not related to you and are not previous employers.

Name	Years Known	Relationship	Daytime telephone

Please provide name, relationship, and telephone numbers of 3 business references who are not related to you.

Name	Years Known	Relationship	Daytime telephone

## Employment History

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Start with your present most recent employer. Use additional pages if needed. SPCAA will assume we may contact these employers for the job related references unless you indicate otherwise.

*This section must be completed in full. (Do not leave blank and refer to resume.)*

<i>Company</i>	<i>Telephone</i>	<i>Dates of Employment</i>	
		<i>From MM/DD/YR</i>	<i>To MM/DD/YR</i>
<i>Address (Include city &amp; State)</i>		<i>Hourly Pay</i>	
		<i>Start MM/DD/YR</i>	<i>Finish MM/DD/YR</i>
<i>Position &amp; work performed</i>		<i>Name &amp; title of supervisor</i>	

## Employment History

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*Company*

*Telephone*

*Dates of Employment*

*From MM/DD/YR*

*To MM/DD/YR*

*Address (Include city & State)*

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**If the position you are applying for requires proficiency testing, are you willing to take the test?**

**Yes**

**No**

**SPCAA has a Drug-Free work place policy. If you are employed, you may be required to submit a drug/alcohol test. If so are you willing to take submit to drug/alcohol testing?**

**Yes**

**No**

<b>In the last (2) years, have you tested positive or refused to test on any pre-employment drug/alcohol test?</b>	<b>Yes</b>	<b>No</b>
<b>If employed, are you willing to allow a Criminal History Check to be conducted?</b>	<b>Yes</b>	<b>No</b>

## **Application Statement**

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**I certify that answers given herein are true and complete to the best of my knowledge.**

**I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at a decision and I agree to release all parties providing pertinent information from any and all liability from any damages which may result from the furnishings of such information. SPCAA only accepts application for open positions. I understand that this application may be considered active for a period of up to 60 days. Job listings may be viewed on the SPCAA website at [www.spcaa.org](http://www.spcaa.org).**

**I understand that neither this document nor any offer of employment from the employer constitutes an employment contract. I also understand that SPCAA is an “at-will” employer and employees can be terminated at any time, with or without cause, and with or without notice. I also understand that no employment with SPCAA is for a fixed or definite term.**

**In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that all SPCAA employees are required to abide by all rules and regulations of SPCAA. In addition, I understand that, if employed, my employer, South Plains Community Action Association, Inc., does not subscribe to Worker’s Compensation Insurance.**

**I have not committed, or been convicted of committing a fraudulent act against SPCAA or any programs administered by SPCAA.**

**I understand that the electronic submission of this application or signature below indicates agreement to the Applicant Statement above.**

**Applicant Signature**

**Date**

Applicants are encouraged to also submit attachments such as cover letters, resumes, copies of certifications, or other job related information. SPCAA only accepts applications for specific open positions. See [www.spcaa.org/careers](http://www.spcaa.org/careers) for a listing of all job openings.

South Plains Community Action Association, Inc. is an equal opportunity employer/programs. Auxiliary aids and services are available upon request to individuals with disabilities. Relay Texas (800)735-2989 (TDD) or (800)735-2988 voice or 7-1-1.

Applications can also be mailed or faxed to:

South Plains Community Action Association, Inc.  
 Attn: Human Resources  
 P.O. Box 610  
 Levelland, Tx. 79336