



Capstone Community Action, Inc.
20 Gable Place
Barre, VT 05641

1-802 479-1053
1-800-639-1053
Fax: 1-802-479-5353

Capstone is an equal opportunity provider and employer.

Take pride in your job. Join our team at Capstone Community Action, Inc. and make a difference in the lives of those that surround you!

Application for Employment

Date

- Please accept my application/resume for the position of:
Please accept my application/ resume as a general application and consideration for the next open position for which I qualify for.

Applicant's Information

Last First Middle
Mailing Address City State Zip Code
Telephone Number E-mail Address Social Security Number

Yes No

Are you authorized to work in the United States?
Proof of authorization will be required if hired.

Have you ever worked for Capstone Community Action, Inc?

If yes, please specify supervisor, office, and dates of employment.

Does your spouse, domestic partner, or relative currently work at Capstone?

If yes, please specify name, relationship, office, and job title.



Agency Vision Statement

To effect within Central Vermont, the Economic Opportunity Act of 1964 as amended, which has as its purpose the elimination... *“of poverty in the midst of plenty in this nation by opening to everyone the opportunity to work, and the opportunity to live in decency and dignity...”*

Agency Mission Statement

Capstone Community Action provides comprehensive services to help people achieve economic well-being with dignity and develops partnerships to strengthen Vermont communities. Our commitment is to alleviate the suffering caused by poverty, to work with individuals and families to move out of poverty, and to advocate for economic justice for all Vermonters.

Education, Training, Licenses, and Certificates

Please list all education, training, licenses and certificates.

Please see attached resume for a complete list and description.

High School			
	Name	Location	
	Grade Completed	Diploma or GED (Specify)	Year of Graduation

Vocational or Apprenticeship Training			
	Name	Location	
	Program/s Completed	Date Completed	

College			
	Name	Location	
	Field of Study	Degree	
	GPA	Graduation Year	# of Credits

Graduate School			
	Name	Location	
	Field of Study	Degree	
	GPA	Graduation Year	# of Credits

Military or Special Training			
	Name	Location	
	Specify completed training.		

Licenses or Certificates			
	Name	Issuing Authority	
	Specify all licenses and certificates.		

Employment History

Please list your last three jobs starting with the most current.

Please see attached resume for a complete list of previous employers and job duties.

1	Employer	Telephone Number
	Address	to Dates of Employment
	Position	Starting Salary
	Supervisor	Ending Salary
	Reason For Separation	
	Brief Description Of Duties	

2	Employer	Telephone Number
	Address	to Dates of Employment
	Position	Starting Salary
	Supervisor	Ending Salary
	Reason For Separation	
	Brief Description Of Duties	

3	Employer	Telephone Number
	Address	to Dates of Employment
	Position	Starting Salary
	Supervisor	Ending Salary
	Reason For Separation	
	Brief Description Of Duties	

Skills and Awards

Please list any skill or awards that you possess.

Skills	
Awards	

Transportation

Please complete this section if you are applying, or have been hired for a position that requires you to drive.

Yes

No

- Do you own/possess a registered, insured, and reliable vehicle?
- Do you have a valid driver's license in the state of Vermont?
- Have you ever, or do you currently have any moving violations or license suspensions?
Please specify.

References

Please list three references and include at least two professional references.

1	
<input type="checkbox"/> <input type="checkbox"/>	Name
Personal Professional	Address
	Telephone Number _____ Occupation _____

2	
<input type="checkbox"/> <input type="checkbox"/>	Name
Personal Professional	Address
	Telephone Number _____ Occupation _____

3	
<input type="checkbox"/> <input type="checkbox"/>	Name
Personal Professional	Address
	Telephone Number _____ Occupation _____

Miscellaneous

Desired Employment	<input type="checkbox"/> Full-time (40 hrs./wk.)	<input type="checkbox"/> Part-time (< 40 hrs./wk.)	<input type="checkbox"/> Temporary
	<input type="checkbox"/> Temporary Full-Time	<input type="checkbox"/> Temporary Part-Time	

Desired Salary and Availability	\$ _____	Hourly	Annually	_____
		Please Circle One		Date Available?

Yes No

- May we contact your current employer?
- May we contact your previous employers?
- Are you currently a member of the National Guard or Armed Forces?
- If selected for employment, will you consent to Capstone's mandatory background check?
(only applicable for particular agency positions)

Do you need any special accommodations to perform the job duties you've applied for?

Compliance with Federal law requires Capstone to identify various categories of applicants. The following questions are optional; answering them IS NOT a condition of employment and responses will not be used in determining selection of applicants for jobs.

Sex: Male Female

Race: White Black or African American Asian American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander 2 or More Races

Ethnicity: Hispanic or Latino

Comments:

Disclaimer and Consent

Please carefully read and sign below.

I understand that my application will be considered for the specified position or as a general application, and does not guarantee employment at Capstone Community Action, Inc.

In connection with this application for employment, I authorize Capstone and any agent acting on its behalf, to conduct any inquiry into any job-related information contained in this application, including, but not limited to, experience with previous employers and records maintained by educational institutions. I hereby release from any and all liability Capstone and its agents and any person or organization supplying information pursuant to the verification or enhancement of the information contained in this application.

I certify that all the information on this application is true to the best of my knowledge and understand that willful misrepresentation of the data on this form can result in rejection of this application or termination if employed.

Applicant's Name (Print)

Date

Applicant's Signature

Date

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For Office Use Only

Education

Employment

References

Notes