



**Lakes & Prairies Community Action Partnership, Inc.**

**APPLICATION FOR EMPLOYMENT**

Lakes & Prairies Community Action Partnership, Inc. is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.

(PLEASE PRINT IN INK)

<b>Position(s) Applied For</b>		<b>Date of Application</b>	
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Telephone Number &amp; Alternate Number</b>		<b>E-mail Address</b>	
<b>How Did You Hear About Us?</b> <input type="checkbox"/> Fargo Forum <input type="checkbox"/> Job Service/Placement Service <input type="checkbox"/> Current Employee _____ <input type="checkbox"/> Website <input type="checkbox"/> Other _____			

Are you legally eligible to work in the United States? YES  NO

*(Proof of eligibility will be required upon offer of employment)*

Are you over the age of 18 years? YES  NO

*(If no, you may be required to provide authorization)*

Can you with or without reasonable accommodation perform the essential functions of this job? YES  NO

*(If you have any questions about the functions of the job, please ask the interviewer before answering this question.)*

Have you ever worked for Lakes & Prairies before? *(If yes, please give date.)* \_\_\_\_\_ YES  NO

Do you have a valid driver's license? *(For driving positions only.)* YES  NO

On what date would you be available to work? \_\_\_\_\_

## EDUCATION HISTORY

**Last High School (HS)/GED School.** Give the school's name, city, state, ZIP code, and year diploma or GED received.

**Mark Highest Level Completed:**

HS/GED  
  AA/AS  
  BA/BS  
  Masters  
  Doctoral

Colleges & Universities attended. Do not attach a copy of transcript unless requested.

**TOTAL CREDITS EARNED**

**MAJOR(S)**

**DEGREE & YEAR RECEIVED**

Semester

Quarter

Name

City

ST

ZIP

Name

City

ST

ZIP

Name

City

ST

ZIP

Please list any academic honors, scholarships, offices held, etc. (Do not list any which reflect your race, color, religion, gender, national origin, age, disabilities or veteran status, or any other legally protected class.)

Describe any specialized training, apprenticeships, licenses or skills.

**EMPLOYMENT HISTORY** *(Begin with current or most recent employer. Do not exclude any employment. Include any applicable temporary employment attach another sheet if necessary. Previous salaries or wages will not be used to determine compensation at LAKES & PRAIRIES.)*

<b>Company Name</b>	<b>Employment Dates</b> From      To	<b>Salary</b> Start   End	<b>Name and Title of Supervisor</b>
<b>Address</b>		\$      \$	
<b>Phone</b>	<b>Describe your position and duties:</b>		
<b>Reason for leaving and explanation</b>			
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>			

<b>Company Name</b>	<b>Employment Dates</b> From      To	<b>Salary</b> Start   End	<b>Name and Title of Supervisor</b>
<b>Address</b>		\$      \$	
<b>Phone</b>	<b>Describe your position and duties:</b>		
<b>Reason for leaving and explanation</b>			
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>			

<b>Company Name</b>	<b>Employment Dates</b> From      To	<b>Salary</b> Start   End	<b>Name and Title of Supervisor</b>
<b>Address</b>		\$      \$	
<b>Phone</b>	<b>Describe your position and duties:</b>		
<b>Reason for leaving and explanation</b>			
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>			

**\*PLEASE READ CAREFULLY BEFORE SIGNING\***

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by LAKES & PRAIRIES COMMUNITY ACTION PARTNERSHIP, INC. (hereinafter referred to as "LAKES & PRAIRIES") that such employment with LAKES & PRAIRIES is at will, for no specified duration and may be terminated by either LAKES & PRAIRIES or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of LAKES & PRAIRIES or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of LAKES & PRAIRIES except the Executive Director has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the Executive Director of LAKES & PRAIRIES.

In consideration for employment with LAKES & PRAIRIES, if employed, I agree to conform to the rules, regulations, policies and procedures of LAKES & PRAIRIES at all times and understand that such obedience is a condition of employment. I understand that if offered a position with LAKES & PRAIRIES, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory result from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to LAKES & PRAIRIES and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for the specific position applied for. If I wish to be considered for employment after this period I must fill out and submit a new application.

**BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name of person completing this form if other than applicant: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

**LAKES & PRAIRIES IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.**

Lakes & Prairies Community Action Partnership, Inc.  
**APPLICANT DATA SURVEY FORM**

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, sex, national origin, age, marital or veteran status, medical condition or disability, creed, religion, sexual orientation, access to public assistance and any other legally protected class.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting, and other legal requirements, please Fill out the Applicant Data Survey Information below and return in the self-addressed stamped envelope. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

Date \_\_\_/\_\_\_/\_\_\_

Position Applied For: \_\_\_\_\_ Dept: \_\_\_\_\_

Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
(Last) (First) (Middle) (Area Code)

Address \_\_\_\_\_  
(Street Number) (City) (State) (Zip Code)

**AFFIRMATIVE ACTION SURVEY**

Government agencies require periodic reports on the sex, ethnicity, disability and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

**Check one:** \_\_\_ Male \_\_\_ Female

**Check one of the following Race/Ethnic Groups:**

- |                         |  |
|-------------------------|--|
| ___ Caucasian           | ___ American Indian/ Alaskan Native (AI/AN)        |
| ___ Asian (A)           | ___ African/American/Black (B)                     |
| ___ Hispanic/Latino (H) | ___ Native Hawaiian/Other Pacific Islander (NH/OP) |

**Check if any of the following are applicable:**

- |                         |                      |                      |
|-------------------------|----------------------|----------------------|
| ___ Vietnam Era Veteran | ___ Disabled Veteran | ___ Other Disability |
|-------------------------|----------------------|----------------------|