

Educational Preparation

Name and Location of School	Nature of Studies	Did you Graduate? (Y or N)
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High School

Name and Location of School	Years Completed	Nature of Studies	Degree Recv'd	Did you Graduate? (Y or N)
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*College (Undergraduate)**

*College (Graduate)**

*Vocational/Technical/Trade**

** Provide copy of transcripts*

Work Experience

Dates Employed	Employer's Name & Address	Telephone Number	Name of Supervisor	Duties Performed	Reason for Leaving
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		()			
		()			
		()			

Other Skills and Abilities

Please summarize special skills and/or qualifications acquired from employment or volunteer experiences.
For example: tutoring, knowledge of sign language, fundraising, public speaking

References *(No relatives please.)*

List three individuals having personal knowledge of your professional training, ability, experience and personal character.

Name	Occupation	Address & Phone No.	Years Known

May we contact your present employer? Yes No

May we contact your former employer? Yes No

Applicant's Statement

Please give any additional information which you think might be of value in considering you for a position with Carver Community Organization.

Applicant Certification: Please read these statements before signing, as your signature will indicate that you fully understand the statements and agree to be bound by their terms:

1. Information for third parties: I authorized Carver to request and receive responses and information with may be obtained from sources that may include friends, neighbors, personal acquaintances, schools, business/professional organization/associations, credit reporting, law enforcement authorities and government agencies. I authorize any such parties to furnish Carver with response and information concerning me and I hereby release Carver from any and all liability and responsibility arising from the release, request, receipt, or use of such response and information.
2. Pre-employment Drug Screening: As part of Carver's employment procedures, an applicant is required to undergo a pre-employment drug screening conducted by an authorized party designated by the Agency. Any offer of employment that an applicant received from the Agency is contingent upon, among other things, satisfactory results of this screening.
3. Employment at Will: I understand that if employed, my employment will be at the will of the parties, in other words, there will be no employment contract, expressed or implied, and my employment may be terminated at any time at the will of the agency or myself.
4. Workplace Investigations: I understand that if employed, Carver has the right in connection with workplace investigations to search computer files, desks, handbags, automobiles or items brought onto the agency's premises and I consent and agree to any such agree to cooperate in any workplace investigations by Carver.
5. Agency Changes: I understand that if employed, Carver retains the right to change, add, modify, eliminate or otherwise revise its benefits, rules, policies at any time.

I certify that all statements made by me on this application are true and complete. I understand that any false or misleading statements made by me will be considered justification for disqualification of my application or termination of employment.

Applicant's Signature

Date

Please return completed application to:

Carver Community Organization, Inc
400 S. E. 8th Street
Evansville, IN 47713
(812) 423-2612
(812) 423-6941 Fax
Email Address: Carver@carverorg.org