



APPLICATION FOR EMPLOYMENT

It is NCAT's policy and organizational philosophy to ensure that all of our employment practices, including recruitment and hiring, are administered for all individuals without regard to race, sex, creed, color, national origin, age, religion, marital or veterans status, disability, sexual orientation, or political affiliation.

Instructions: Applications will be accepted for current position vacancies only. The application should be completed accurately and thoroughly. A hard copy of the completed application with original signature must be submitted. If you require accomddation to complete the application process due to a disability, please tell us what accommodation you require.

APPLICANT INFORMATION

Last Name: _____ First Name: _____ MI: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Telephone:Home _____ Work: _____ Cell: _____

E-mail Address: _____

WORK PREFERENCE

Position for which you are applying: _____

Date Available: _____ Type of employment preferred: () Part-Time () Full-Time () Temporary

Referral Source: () Employment Office () Friend/Relative () Walk-In () Career Fair

() Advertisement

() Web Site

() Other

Publication Name: _____

Website Name: _____

Describe: _____

EDUCATION AND TRAINING

High School Name and Location: _____

Received Diploma or Equivalent G.E.D.: () Yes () No (If "no", highest grade completed: _____)

College or University Name and Location	Dates Attended	Graduate?	Degrees Received	Major and Minor Fields
		() Yes () No		
		() Yes () No		
		() Yes () No		

EMPLOYMENT HISTORY

Please provide your employment history beginning with your most recent or current job. Reference to “see resume” will not be accepted.

If you would like to be notified before we contact your present or most current employer, please check here. ()

Employer Name and Address:	Telephone No: Supervisor: Salary:
Job Title:	Dates Employed: No. of Hours Worked per Week:
Duties and Responsibilities:	Reason for Leaving:
Employer Name and Address:	Telephone No: Supervisor: Salary:
Job Title:	Dates Employed: No. of Hours Worked per Week:
Duties and Responsibilities:	Reason for Leaving:
Employer Name and Address:	Telephone No: Supervisor: Salary:
Job Title:	Dates Employed: No. of Hours Worked per Week:
Duties and Responsibilities:	Reason for Leaving:

LIST ANY MEMBERSHIPS IN PROFESSIONAL OR CIVIC ORGANIZATIONS OR CERTIFICATIONS THAT YOU POSSESS (which are relevant to the position for which you are applying).

DESCRIBE COMPUTER SKILLS THAT YOU POSSESS. Include specific kinds of software that you are proficient at and any related training that you have had.

DESCRIBE ANY OTHER SPECIAL KNOWLEDGE, SKILLS OR ABILITIES THAT YOU POSSESS (relevant to the position for which you applying).

PROFESSIONAL REFERENCES (List three references that have direct knowledge of your work-related skills and abilities.)

Name of Reference	Address	What is your working relationship with this individual?
Title	Telephone Number	Company/Organization
Name of Reference	Address	What is your working relationship with this individual?
Title:	Telephone Number	Company/Organization
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Title	Telephone Number	Company/Organization

Please read the following carefully and sign the application.

The answers to the questions contained in this application are true and complete to the best of my knowledge. I acknowledge that any misleading information, false statements or misrepresentations on this application may be cause for rejection of this application or dismissal from a job if I have been employed. I grant permission to **NCAT** to investigate by personal inquiry or otherwise information provided in this application (and accompanying resume and/ or other documents if any) and release from liability or responsibility all persons, schools or companies responding to such inquiries. I understand and concur that this application for employment will be given consideration but does not create a contract of employment.

Applicant Signature: _____ **Date:** _____

All persons hired by NCAT are required to provide proof of U. S. Citizenship or authorization to work in the United States and employment eligibility under the Immigration Reform and Control Act.

NCAT's Mission Statement:

Helping people by championing small-scale, local and sustainable solutions to reduce poverty, promote healthy communities, and protect natural resources.

07/07

NCAT Regional Offices:

- P.O. Box 3657 ~ Fayetteville, AR 72702
- 53020 Hitchcock Ave. ~ Lewis, IA 51544
- P.O. Box 2218 ~ Davis, CA 95617
- 48 Church Road ~ Shavertown, PA 18708
- P.O. Box 1435 ~ Hammond, LA 70404

NCAT VOLUNTARY SELF-IDENTIFICATION

It is NCAT's policy and organizational philosophy to ensure that all of our employment practices, including recruitment and hiring, are administered for all individuals without regard to race, sex, creed, color, national origin, age, religion, marital or veterans status, disability, sexual orientation, or political affiliation. Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, gender, and type of position for which an individual applies. The information requested on this form is for compliance with certain record keeping requirements. This form will be maintained in a separate confidential file. Completion of this form is **voluntary** and will not affect your opportunity for employment, or terms or conditions of employment, if hired. Identification can be declared at any time prior to or if applicable, after hire. Please return this form with your application or mail it to: NCAT Personnel Office, P. O. Box 3838, Butte, MT 59702.

Applicant Information:

Print Name: _____ **Date:** _____

Please Check One: . Male Female **Position Applied For:** _____

Race / Ethnicity:

Please check as applicable

White, Non Hispanic - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black or African American - A person having origins in any of the Black racial groups of Africa.

Hispanic or Latino - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.

Native Hawaiian or other Pacific Islander - (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.

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Veteran Status

Under the Vietnam Era Veterans' Readjustment Assistance Act of 1974, The Veterans Employment Opportunities Act (VEOA) of 1998 and the Rehabilitation Act of 1973, as amended

Regulations issued by the U.S. Department of Labor require that federal contractors provide an opportunity for self-identification. Such self-identification is submitted on a voluntary and confidential basis, for use only in accordance with regulations. Neither the submission of this information nor the refusal to submit this information will subject the individual to adverse treatment. Completion of this form is **voluntary** and will only be used for Affirmative Action reporting. You may identify yourself now or at any time in the future if you believe yourself to be covered.

Please check all that apply to you:

I do not want to identify my veteran status

Not a veteran

Disabled Veteran

Either (1) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability.

Recently Separated Veteran

Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service. **Discharge Date (mm/dd/yyyy):** ____/____/____

Armed Forces Service Medal Veteran

Any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.2 (For the current list of military operations for which an Armed Forces service medal was awarded. Visit <http://www.opm.gov/Veterans/html/vgmedal2.htm> for updates.)

Other Protected Veteran

A veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense. (For the current list of campaigns and expeditions for which a campaign badge was authorized. Visit <http://www.opm.gov/Veterans/html/vgmedal2.htm> for updates.)

Employee Name

Date

Employee Signature

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