



### 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:** Fill in the information requested. If you are currently employed, please provide the name of your employer, the position you hold, and the dates of your employment. If you are not currently employed, please provide the name of your most recent employer and the dates of your employment. If you are a student, please provide the name of your school and the dates of your attendance. If you are a veteran, please provide your service number and the dates of your service. If you are a disabled individual, please provide the name of your disability and the dates of your diagnosis. If you are a member of a religious organization, please provide the name of the organization and the dates of your membership. If you are a member of a political party, please provide the name of the party and the dates of your membership. If you are a member of a labor union, please provide the name of the union and the dates of your membership. If you are a member of a professional association, please provide the name of the association and the dates of your membership. If you are a member of a trade association, please provide the name of the association and the dates of your membership. If you are a member of a community organization, please provide the name of the organization and the dates of your membership. If you are a member of a volunteer organization, please provide the name of the organization and the dates of your service. If you are a member of a religious organization, please provide the name of the organization and the dates of your membership. If you are a member of a political party, please provide the name of the party and the dates of your membership. If you are a member of a labor union, please provide the name of the union and the dates of your membership. If you are a member of a professional association, please provide the name of the association and the dates of your membership. If you are a member of a trade association, please provide the name of the association and the dates of your membership. If you are a member of a community organization, please provide the name of the organization and the dates of your membership. If you are a member of a volunteer organization, please provide the name of the organization and the dates of your service.

#### 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: \_\_\_\_\_

Work Availability Dates: Start: \_\_\_\_\_ End: \_\_\_\_\_ No. Hours Per Week: \_\_\_\_\_

Referral Source: ( ) Employment Office ( ) Friend/Relative ( ) Walk-In ( ) Career Fair  
 ( ) Advertisement Publication Name: \_\_\_\_\_  
 ( ) Ygd'Ukg Website Name: \_\_\_\_\_  
 \* +Qjgt 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<br>( ) No |                  |                        |
|   |                | ( ) Yes<br>( ) No |                  |                        |
|   |                | ( ) Yes<br>( ) 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. ( )

|                                     |  |
|-------------------------------------|--|
| <b>Employer Name and Address:</b>   | <b>Telephone No:</b><br><b>Supervisor:</b><br><b>Salary:</b>   |
| <b>Job Title:</b>                   | <b>Dates Employed:</b><br><b>No. of Hours Worked per Week:</b> |
| <b>Duties and Responsibilities:</b> | <b>Reason for Leaving:</b>                                     |
| <b>Employer Name and Address:</b>   | <b>Telephone No:</b><br><b>Supervisor:</b><br><b>Salary:</b>   |
| <b>Job Title:</b>                   | <b>Dates Employed:</b><br><b>No. of Hours Worked per Week:</b> |
| <b>Duties and Responsibilities:</b> | <b>Reason for Leaving:</b>                                     |
| <b>Employer Name and Address:</b>   | <b>Telephone No:</b><br><b>Supervisor:</b><br><b>Salary:</b>   |
| <b>Job Title:</b>                   | <b>Dates Employed:</b><br><b>No. of Hours Worked per Week:</b> |
| <b>Duties and Responsibilities:</b> | <b>Reason for Leaving:</b>                                     |

**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.)**

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

**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

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#### 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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