



Client Community Services, Inc.

826 Fifth Avenue • PO Box 97 • Worthington, MN 56187

507-376-3171 • ccsi@clientcommunityservices.org

Equal Opportunity / Affirmative Action Employer -- We participate in E-Verify

Employment Application

CCSI will not discriminate against any employee or applicant based on race, color, creed, religion, national origin, sex, disability, marital status, status with regard to public assistance, sexual orientation or any other legally protected status. CCSI will take affirmative action to ensure that all employment practices are free of such discrimination.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date Available: _____

Position Applied for: _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for CCSI? YES ☐ NO ☐ If yes, when? _____

Are you available to work: ☐ Days ☐ Nights ☐ Weekends ☐ Full-time ☐ Part-time

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

References

Please list three professional references. By listing these references, CCSI assumes we may contact these people. **Do not list relatives.**

Full Name: _____ Occupation: _____

Address: _____ Phone: _____

Full Name: _____ Occupation: _____

Address: _____ Phone: _____

Full Name: _____ Occupation: _____

Address: _____ Phone: _____

Previous Employment

Employer: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO
☐ ☐

Employer: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO
☐ ☐

Employer: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO
☐ ☐

Please state any additional information you feel may be helpful to us in considering your application, i.e., volunteer experience, previous training not listed elsewhere, etc.

Were you referred to CCSI by a current employee? ☐ Yes ☐ No If yes, name: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____