

PRAIRIE OPPORTUNITY, INC

501 Hwy 12 west, Suite 110

Starkville, MS 39759

P.O. Box 1526 Starkville, MS 39760

Phone: (662) 323-3397

APPLICANT IS RESPONSIBLE FOR PAYMENT OF THE BACK GROUND CHECK

Prairie Opportunity, Inc, is a Community Action Agency that provides services to meet the needs of low-income children and families, the elderly, and disabled individuals in Choctaw, Clay, Noxubee, Leake, Lowndes, Oktibbeha, Webster, and Winston counties. We seek to involve the community in all phases of the program and work to establish partnerships with local agencies in each county. We strive to enhance, promote, support, and strengthen the families' quality of life and ability to be self-sufficient.

APPLICATION FOR EMPLOYMENT

PLEASE PRINT OR TYPE

Last Name:	First:	Middle Initial:	Date of App.
Address:	City:	State:	Zip Code:
Position Applied for:	Min. Salary Desired:	Max. Salary Desired:	
	\$	\$	
SSN:	Starting Date:	Part-time/Full/Temp:	Phone:
			Email:

Can you perform this job with or without reasonable accommodation? ____ With ____ Without?

Are you a U. Citizen ____ Yes ____ No Have you ever applied to this agency? ____ Yes ____ No

Are you employed now? ____ If yes, where? _____

May we contact them? ____ Yes ____ No Phone number: _____

Do you have relatives by blood or marriage employed or on the Board of Directors of POI? Yes No if yes, please list them: _____

Have you ever been arrested and convicted? ____ Yes ____ No

If yes, please explain: _____

EMPLOYMENT HISTORY

List the last three (3) employers, assignments, or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in the comments section below.

Date: Month/Year	Employer/Address	Position/Salary	Reason for Leaving	Phone#
From:				
To:				
From:				
To:				
From:				
To:				

Please explain gaps in employment:

EDUCATIONAL BACKGROUND

Education	Name and Location of School	Years Attended	Date Graduated	Major
High School				
College				
Trade Business				

List other classes, seminars, or organization in which you are involved that you feel relates to the position(s):

I certify that the information in this application is accurate and complete, and I authorize POI to verify qualifications and related information furnished herein.

I certify that all the foregoing statements are true, complete, and correct to the best of my knowledge. I authorize POI to contact my previous employers for the past five years* to secure recommendations with regard to my ability to work with individuals and families*

Signature: _____

Date: _____

List 3 persons who are NOT RELATED TO YOU AND HAVE DEFINITE KNOWLEDGE of your qualifications and fitness for the position for which you are applying.

Full Name	Address	Phone number

PRAIRIE OPPORTUNITY, INC IS AN EQUAL OPPORTUNITY EMPLOYER

APPLICANTS PLEASE DO NOT WRITE BELOW THIS LINE

INTERVIEW NOTES: _____

VERIFICATION OF EDUCATION: _____

VERIFICATION OF EMPLOYMENT: _____

CRIMINAL BACKGROUND CHECK: _____

DATE OF EMPLOYMENT: _____ DATE OF SEPARATION: _____

REASON FOR SEPARATION: _____

COMMENTS: _____

Executive Director: _____ Date: _____

Personnel Manager: _____ Date: _____

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran's status, or any other legally protected status.

Date: _____ Position(s) applied for: _____

Advertisement Employee Relative Walk-in School Government Agency Employment Agency

Name of Source:

Applicant's Name: _____

Last	First	M. I.
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Address: _____

Street	City	State	MS
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As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government record keeping, reporting, and or other legal obligations, we ask each applicant to complete this data survey. Your cooperation is appreciated.

Please be advised that your survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring.

Please check one: Female Male

Please check one: ☐ Hispanic ☐ Black ☐ White ☐ American Indian
☐ Alaskan Native ☐ Asian/Pacific Islander ☐ Other

SPECIAL NOTICE TO VIETNAM ERA VETERANS, DISABLED VETERANS, AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS OR DISABILITIES:

Government contractors subject to the Vietnam Era Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance employment qualified disabled veterans and veterans of the Vietnam Era, and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential, and refusal to provide this information will not adversely affect consideration for employment. IF YOU WISH TO BE IDENTIFIED, PLEASE CHECK IF ANY ARE APPLICABLE:

VIETNAM ERA VET DISABLED VET INDIVIDUAL WITH DISABILITY

To be completed by applicant - Not for interview purposes - To be filled out separately
SATISFIES AFFIRMATIVE ACTION REQUIREMENT 503, REHABILITATION ACT
as necessitated another federal law or regulation.

For Personnel Department Use Only

Position(s) applied for: _____ Available _____ Not Available _____

Other positions considered for:

Hired: Yes _____ No _____ Date of Hire: ____/____/____

Position Hired for: _____

EEO classification: _____

1. Officials
2. Professionals
3. Technicians
4. Sales
5. Office/Clerical
6. Craft Workers
7. Operatives (semi-skilled)
8. Laborers
9. Service Workers (skilled)

Notes:

Completed: _____

Date: _____

APPLICANT IS RESPONSIBLE FOR PAYMENT OF THE BACK GROUND CHECK**PRAIRIE OPPORTUNITY, INC****Background Screening Release Form****Applicant Authorization and Consent for Release of Information****PLEASE READ CAREFULLY**

This Authorization and Consent for Release of information acknowledges that Prairie Opportunity, Inc may now conduct a verification and/or screening of my Previous Employment, Education, Driving Record, References, Tenancy, and any Criminal History Record information pertaining to me that may be in the files of any Federal, State, or Local Criminal Justice agency in any State, Territory, Possession, or Jurisdictional Area of the United States of America, or other Nations or Countries. I acknowledge by my signature below signifies that employment with Prairie Opportunity, Inc. is contingent upon a satisfactory background verification.

I have read and understand this release and consent form, and I authorize the background search. I authorize persons, current and former employers, and other organizations and agencies to provide all information that may be requested* I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information I agree that any copy of this document is valid as the original.

I do hereby agree to forever release and discharge Prairie Opportunity, Inc, their agents and their associates, to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any charge or complaint filed with any agency arising from the retrieving and reporting of this information. According to the Federal Fair Credit Reporting Act, I am entitled to know if my employment application was denied based on information obtained by prospective employer, and to receive upon written request, a disclosure of the public record information and of the nature and scope of the background screening report*

Applicant's Full Name (print): _____ Social Security Number: _____

Date of Birth: _____ D/L # and State: _____ Current Street Address: _____

City: _____ State & Zip: _____ Phone Number: _____

*** Employing Department: _____

Date: _____

Signature (must be signed by applicant)

Printed Name: _____

PRAIRIE OPPORTUNITIY, INC.

EDUCATION VERIFICATION FORM.

NAME:
SOCIAL SECURITY NUMBER:
DATE OF BIRTH:

Please list the college or university from which you received highest level of education.

NAME OF SCHOOL	OFFICE OF REGISTRAR ADDRESS	CREDITS EARNED	DEGREE TO BE OBTAINED

Release of Education Information Consent Form

I hereby authorize PRAIRIE OPPORTUNITY, INC to contact the Institution list on my application for employment or Curriculum Vitae to verify my attendance and degree status.

Name: _____ Date: _____

Signature: _____

******APPLICANT DO NOT WRITE BELOW THIS LINE******

To be completed by the University or College

Please check one of the following boxes:

<input type="checkbox"/>	I certify that the above information is correct.
<input type="checkbox"/>	The following is incorrect (Please note the correct information)
<input type="checkbox"/>	The following individual was not a student at our school.

Signature: _____ Date: _____

Title: _____

Notes:

Please fax the completed form to Ms. Doris Gathings at (662) 323-8754