

THIS FORM MUST BE COMPLETED AND TURNED IN WITH YOUR APPLICATION

Employment Application Cover Sheet: Applicant Acknowledgments

Purpose of the Application Form

I understand that the purpose of the application form is to give me the opportunity to provide the company with information about my skills, experience, abilities and other personal attributes that meet the qualification requirements for the job position that is available. I understand that it is in my best interest to be thorough, accurate and descriptive in providing this information. I also understand that a number of people will apply for the job opening and that Redwood Community Action Agency does not guarantee anyone an interview or consideration beyond completing the application form.

Consideration of the Application Form

I understand that I must specify the position I wish to apply for, and that Redwood Community Action Agency will consider my application for that position only. I understand if I wish to apply for additional positions, then I must file a separate application (copies are acceptable).

I also understand that RCAA only considers applications that are in response to a posted job opening.

Reference and Information Background Check

In submitting this application for employment, I understand that RCAA will investigate the information that I provide. If I am selected for an interview, I agree to complete a release and waiver form so that RCAA may verify my employment history, education, and background as they relate to the job opening.

I understand that the company also does a post-offer background check on criminal history and driving records. I understand that the company will provide

me with the required notice, disclosures, and request for authorization whenever the information sought falls under the applicable state law.

Medical Exam

I understand that RCAA uses post-offer medical exams as part of the hiring process for some positions. I understand that the company will provide me with the required notice if this applies to me, and that all medical information will be kept confidential as required by state HIPPA laws.

I-9 Form Documentation

I understand I-9 documentation is not part of the application or interview process. I understand, however, that if RCAA offers me a job position, then on the day that I am scheduled to begin work I must complete an I-9 form and provide RCAA with documentation that shows my identity and authorization to work in the United States. I understand that if I do not provide this documentation, I will no longer be qualified for the job position. I understand that federal law imposes imprisonment and/or fines upon any person who makes a false statement, uses a document issued to someone else, or uses a counterfeit, altered, forged or falsely made document to obtain employment.

General Acknowledgment

I have read and understand all of the instructions and acknowledgments set forth above. My signature represents that I will comply and that I understand the consequences if I do not comply.

APPLICANT NAME (print):

DATE:

APPLICANT SIGNATURE: