



# Community Extension Programs, Inc.



## Employment Application

Position you are best qualified to fill: Site Director or Teacher

### APPLICANT INFORMATION

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Available start date: \_\_\_\_\_ Desired Pay Range: \_\_\_\_\_

Are you a citizen of the U.S.? Y N If no, are you authorized to work in the U.S.? Y N

Have you ever been convicted of a felony? Y N Misdemeanor? Y N Charge(s) \_\_\_\_\_

Do you have a current Level 1 AZ. Fingerprint Clearance Card or believe you can qualify for one? Y N

AZ. Fingerprint Clearance Card # \_\_\_\_\_ Driver's license St. \_\_\_\_\_ #: \_\_\_\_\_

### EDUCATION

High School: \_\_\_\_\_ State: \_\_\_\_\_ Graduation date: \_\_\_\_\_

College: \_\_\_\_\_ State: \_\_\_\_\_ Degree / Date: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_ Degree / Date: \_\_\_\_\_

### PREVIOUS EMPLOYMENT

Company: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title / Responsibilities: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title / Responsibilities: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title / Responsibilities: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**REFERENCES**

Upon request, we will need the following references:

Provide (2) PROFESSIONAL Written Letters of Reference along with this application.

Provide two (2) personal and/or professional references that we can contact.

Tell us why you want to work for Community Extension Programs.

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Send your application to: **Lindie Hunter** [lhunter@cep-az.org](mailto:lhunter@cep-az.org)  
and copy both **Bruce Weigold** [bweigold@cep-az.org](mailto:bweigold@cep-az.org) & **Lisa Kromrei** [lkromrei@cep-az.org](mailto:lkromrei@cep-az.org)

I certify that my answers are true and complete to the best of my knowledge.  
I understand that false or misleading information may result in my termination.

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Print

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Signature

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Date

**EQUAL OPPORTUNITY EMPLOYER:** The Company will make all decisions of employment in adherence to Equal Employment Opportunity and Affirmative Action without discrimination on the basis of race, color, national origin, ancestry, sex, sexual orientation, gender identity or expression, religion, age, pregnancy, disability, work-related injury, covered veteran status, political ideology, genetic information, marital status, or any other factor that the law protects from employment discrimination.

**ADDITIONAL APPLICANT INFORMATION**

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Date Available to start: \_\_\_\_\_ Desired Pay Range: \_\_\_\_\_

Sometimes we are in need of full-time, part-time, or substitutes.

**Help us better understand your situation**

**Required**

**Preferred**

Full Time: 32 – 40 hours

R

P

Part Time:

R

P

Substitute Only:

R

P

Benefits (start after 60 days of employment):

R

P

Are you a student?

Y

N

Do you have a current AZ. Driver's License?

Y

N

Do you have reliable transportation?

Y

N

Would you be able to drive between sites  
on the same day if needed?

Y

N

Are there other extenuating circumstances or restrictions that would be important for us to know?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date