

Application for Employment

Washington County Economic Opportunity Council, Inc.

Department: _____

It is our policy to fill vacancies with the best qualified candidate. We do not discriminate in hiring or employment procedures against an applicant in regard to race, color, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For:	Date of Application
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How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other

Last Name	First Name	Middle Name
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Address	Number	Street	City	State	Zip Code
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Telephone Number(s)	Alternative Number(s)
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Have you ever filed an application with us before? Yes No

If Yes, give date _____

Have you ever been employed with us before? Yes No

If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship/immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work? Full Time Part Time Both

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a crime (felony or misdemeanor) within the last 7 years? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, job related skills and qualifications:

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EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

1. Employer	Dates Employed		Work Performed
Address	From	To	
	Hourly Rate/ Salary		
Telephone Number(s)	Starting	Final	
Job Title	Reason for Leaving		
Supervisor			
2. Employer	Dates Employed		Work Performed
Address	From	To	
	Hourly Rate/ Salary		
Telephone Number(s)	Starting	Final	
Job Title	Reason for Leaving		
Supervisor			
3. Employer	Dates Employed		Work Performed
Address	From	To	
	Hourly Rate/ Salary		
Telephone Number(s)	Starting	Final	
Job Title	Reason for Leaving		
Supervisor			

State any additional information you feel may be helpful to us in considering your application.

Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job occupation is attached.

Yes _____ No _____

Are you able to perform all of the essential job functions of the position without reasonable accommodations, and if not, what functions can't you perform? Yes _____ No _____

If no, please explain _____

Do you have a valid New York State driver's license without any motor vehicle violations during the past 18 months? Yes _____ No _____

PROFESSIONAL REFERENCE

1. Please list Name, Address and Phone #

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2.

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3.

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I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize contact with any prior or current employers unless specifically noted in writing.

I authorize the references I have provided, and any prior or current employers, to disclose any information related to my work history, performance, and experience without giving me any prior notice of each disclosure. I release the Employer from any and all claims, demands or liability arising out of or in any way related to obtaining such information about me or investigating any aspect of this employment application.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause, pending Board/ Policy Council approval if applicable. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such a change is specifically acknowledged in writing by any authorized executive of this organization.

I swear that the information contained herein is true and complete to the best of my knowledge.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date