

Cortland County Community Action Program, Inc. (CAPCO)

Application for Employment

CAPCO is an Equal Opportunity Employer

CAPCO is an Employment at Will Agency

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, marital or veteran status, or any other legally protected class.

(Please Print)

Position(s) Applied For	Date of Application	
How Did you Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number(s)	Social Security Number (voluntary)				

Best time to contact you at home is: _____ : _____

If you are under 18 years of age, can you provide required proof of eligibility to work: Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No

Are you currently employed? Yes No

Are you an elected public official? Yes No

May we contact your present employer? Yes No

Are you prevented from becoming employed in this country because of VISA or Immigration Status
Proof of citizenship or immigration status will be required upon employment Yes No

Date available for work ___/___/___ What is your desired salary range? _____

Are you available to work: Full-Time Part-Time Temporary (please indicate dates available) ___/___/___ - ___/___/___

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

Can you travel if the job requires it? Yes No

Do you have a valid NYS Driver's License? Yes No

Have you ever been convicted of a criminal offense? Yes No

Give Details _____

Education

	Name and Address of School	Course of Study	No. of Years Completed	Diploma Degree
High School				
Undergraduate School				
Graduate Professional				
Other (Specify)				

Describe and specialized training, apprenticeship, and skills

Additional Information

Other Qualifications

Summarize special job-related and qualifications acquired from employment or other experience.

Specialized Skills

___ Spreadsheet ___ Word Processing _____ Accounting

Please list computer software programs you are familiar with _____

Please list Building Trade and/or Equipment experience: _____

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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, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

Yes

No

Employment Experience

		Dates Employed		Work Performed	
		From	To		
Address					
		Hourly Rate/Salary			
		Starting	Final		
Reason for Leaving					
		Dates Employed		Work Performed	
		From	To		
Address					
		Hourly Rate/Salary			
		Starting	Final		
Reason for Leaving					
		Dates Employed		Work Performed	
		From	To		
Address					
		Hourly Rate/Salary			
		Starting	Final		
Reason for Leaving					
		Dates Employed		Work Performed	
		From	To		
Address					
		Hourly Rate/Salary			
		Starting	Final		
Reason for Leaving					

References

1.	Name:	Phone #:
	Address:	
2.	Name:	Phone #:
	Address:	
3.	Name:	Phone #:
	Address:	

Applicants Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

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. It is further understood that this “*at will*” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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

For Personnel Department Use Only

Position(s) Applied For is Open:

Yes

No

Position(s) Considered For:

Date: _____