



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, sex, sexual orientation, national origin, age, marital or military/veteran status, disability or any other legally protected class.

Position(s) Applied For			Date of Application	
How Did you Learn About Position(s)?				
Employee Referral _____	Employment Agency	CAPCO Website	College/University	
Internet Site _____	Local Publication	Relative/Friend	Other _____	

Last Name		First Name		Middle Name	
Address		City		State Zip Code	
Telephone Number(s)				Best time to contact you:	

If you are under 18 years of age, can you provide required proof of eligibility?	Yes	No
Have you filed an application with us before?	Yes	No
If yes, for what position? _____		
Have you ever been employed 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
May we contact your present employer?	Yes	No
Are you currently on "lay-off" status and subject to recall?	Yes	No
Are you a publicly elected official?	Yes	No
Are you authorized to work lawfully in the United States?		
<i>Proof of citizenship or immigration status will be required upon employment</i>	Yes	No
Date available for work ____/____/____	What is your desired salary range? _____	
Are you available to work:	Full-Time	Part-Time
	Variable (please indicate availability) _____	
Can you travel if the job requires it?	Yes	No
Do you have a valid NYS Driver's License?	Yes	No

Education

High School or Equivalent:	City/State:	Completion Status:	Degree Level:	Major of Study:
College:	City/State:	Completion Status:	Degree Level:	Major of Study:
College:	City/State:	Completion Status:	Degree Level:	Major of Study:
Graduate School:	City/State:	Completion Status:	Degree Level:	Major of Study:
Other:	City/State:	Completion Status:	Degree Level:	Major of Study:

Relevant skills, trainings, apprenticeships, and certifications

Additional Information

Other Qualifications

Summarize special job-related qualifications acquired from employment or other experience, including professional/business/civic activities. You may exclude memberships/activities which would reveal protected status.

Specialized Skills

MS Word Skills	___ N/A	___ Beg	___ Interm.	___ Advanced	Years Utilized ___
MS Excel Skills	___ N/A	___ Beg	___ Interm.	___ Advanced	Years Utilized ___
MS PowerPoint Skills	___ N/A	___ Beg	___ Interm.	___ Advanced	Years Utilized ___
MS Outlook Skills	___ N/A	___ Beg	___ Interm.	___ Advanced	Years Utilized ___

Please list other areas of proficiency (i.e. computer software, accounting, building trade, and/or equipment):

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

Position		Dates Employed		Work Performed
		From	To	
Company				
		Hourly Rate/Salary		
Telephone Number(s)	City/Sate	Starting	Final	
Reason for Leaving				
Position		Dates Employed		Work Performed
		From	To	
Company				
		Hourly Rate/Salary		
Telephone Number(s)	City/Sate	Starting	Final	
Reason for Leaving				
Position		Dates Employed		Work Performed
		From	To	
Company				
		Hourly Rate/Salary		
Telephone Number(s)	City/Sate	Starting	Final	
Reason for Leaving				
Position		Dates Employed		Work Performed
		From	To	
Company				
		Hourly Rate/Salary		
Telephone Number(s)	City/Sate	Starting	Final	
Reason for Leaving				

References

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

Applicant Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. Selected applicants may be subject to a background check and other job-related employment screening in accordance with applicable law.

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 Human Resource Department Use Only

Position(s) Applied For is Open:

D Yes

D No

Position(s) Considered For:

_____ Date: _____