

**Cayuga/Seneca Community Action Agency, Inc.**  
**APPLICATION FOR EMPLOYMENT**

Cayuga/Seneca Community Action Agency, Inc. (CSCAA) provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, disability, genetic information, marital status, amnesty, or status as a covered veteran in accordance with applicable federal, state and local laws. CSCAA complies with applicable state and local laws governing non-discrimination in employment in every location in which the Agency has facilities. This policy applies to all terms and conditions of employment, including, but not limited to, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training. CSCAA expressly prohibits any form of unlawful employee harassment based on race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability, or veteran status. Improper interference with the ability of CSCAA employees to perform their expected job duties is absolutely not tolerated.

Please **PRINT** clearly. This application must be completed in full and signed personally by the applicant. If the answer is NO or NONE, please indicate N/A. *Thank you for your interest in the Cayuga/Seneca Community Action Agency, Inc.*

NAME: \_\_\_\_\_  
Last First M.I. Date of Application

ADDRESS: \_\_\_\_\_  
Street City State Zip

\_\_\_\_\_

Cell Phone Number Home Phone Number E-Mail Address

1. Position applied for \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per \_\_\_\_\_  
 How did you hear about this position? \_\_\_\_\_
  2. Have you ever been interviewed by this Agency? If yes, when \_\_\_\_\_  Yes  No
  3. Are you employed now?  Yes  No  
 If yes, may we inquire of your present employer?  Yes  No
  4. Are you legally eligible for employment in the United States?  Yes  No
  5. Do you possess a clean, valid N.Y.S. driver's license?  Yes  No
  6. Are you 18 years of age or older?  Yes  No
  7. **Americans with Disabilities Act Clarification:** With or without reasonable accommodation, can you perform the essential job functions for the position you have applied for?  Yes  No
  8. Have you been convicted of a felony or misdemeanor?  Yes  No
- If you answered yes to #8, please go to page 3 and follow instructions for further information.  
 Please note: A conviction record will not necessarily disqualify you for employment.

**EDUCATION:**

<i>Circle Highest Grade Completed:</i>	Middle School	High School	College	Graduate
	6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
	<u>Name and Location</u>		<u>Degree Earned</u>	<u>Major</u>
High School:	_____			
College:	_____			
Other Graduate, Business or Vocational School, or Other Training Skills:	_____			
	_____			
Military Branch:	_____	Years Served:	_____	

**EMPLOYMENT RECORD** *(List most recent first)*

**Name of Company** \_\_\_\_\_ **Phone** ( ) \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Your Position/Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Briefly Describe Your Duties and Responsibilities: \_\_\_\_\_

**Name of Company** \_\_\_\_\_ **Phone** ( ) \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Your Position/Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Briefly Describe Your Duties and Responsibilities: \_\_\_\_\_

**Name of Company** \_\_\_\_\_ **Phone** ( ) \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Your Position/Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Briefly Describe Your Duties and Responsibilities: \_\_\_\_\_

Explain and give details of any period of unemployment longer than 30 days:

**PROFESSIONAL REFERENCES** (must list 3 – other than relatives or personal friends)

Name Phone Occupation and Name of Company

Name Phone Occupation and Name of Company

Name Phone Occupation and Name of Company

**PERSONAL REFERENCES** (must list 2)

Name Phone Relationship to Applicant

Name Phone Relationship to Applicant

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONVICTION RECORD INFORMATION**

If you answered YES to #8 on page 1, and have been convicted of a felony or misdemeanor in the past seven (7) years, please list the specific nature and details of the offense(s), date(s), court location, sentencing information, rehabilitation completed, and disposition of sentence.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please note: A conviction record will not necessarily disqualify you for employment. Factors such as the seriousness and nature of the violation and rehabilitation will be considered.*

## **HOLD HARMLESS**

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The information I have provided in this Application for Employment is true, correct and complete. False, incomplete, or misrepresented information of any kind will be sufficient cause for my application to be rejected; or if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from my previous employers, educational institutions, and “references” I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume, or a personal interview. To assist in processing my application, I waive all rights and claims I may otherwise have against the employer, or its representatives, for seeking and using information to evaluate my employment request. I also waive all rights and claims to all other persons, corporations, or organizations that provide information for this purpose.

In consideration for my employment, I agree to conform to the rules and regulations of the Agency. I acknowledge that rules may be changed, withdrawn, added, or interpreted at any time, at the Agency’s sole option, and without prior notice to me.

This application will expire after one year. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

The Cayuga/Seneca Community Action Agency follows the practice of employment-at-will. This application is not an employment agreement. If I accept an offer of employment, I understand that I may resign at any time, and the employer may terminate my employment at any time with or without cause, and without prior notice unless required by law. I understand that no representative, with the exception of the Executive Director of the Cayuga/Seneca Community Action Agency, has the authority to enter into any agreement for employment for any specified period of time, or to promise any other personnel action, either before or after I accept employment, or to guarantee any benefits or terms or conditions of employment, or to make any other agreement which is contrary to this agreement.

I have read and understand this agreement.

\_\_\_\_\_  
Applicant Name (print or type)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date