



Saratoga County Economic Opportunity Council, Inc.

APPLICATION for EMPLOYMENT

Name: _____

Phone: _____

Cell: _____

Address: _____

City/State/Zip _____

Email: _____

Position Applied for: _____

Site/Region: _____

Special training or skills that would benefit you in the job for which you are applying:

Available Start Date: _____

For Office Use Only	
Hire Date:	
Site:	
Position:	
Rate:	
Union:	
Notes:	
Attachments <input type="checkbox"/> Resume <input type="checkbox"/> Reference Check <input type="checkbox"/> Interview form <input type="checkbox"/> Payroll change notice	

	Yes	No
Are seeking full-time work?		
Are you seeking part-time work?		
Are you of legal age to work?		
Are you eligible to be employed in the U.S.?		
Are you willing to provide fingerprints and consent, in writing to disclosure of information concerning any prior criminal arrests, charges and/or convictions?		
Are you current or former Head Start/Early Head Start parent or participant?		
Have you ever been employed with this agency or program before?		

If yes: When: _____ Department: _____ Supervisor: _____

EDUCATIONAL BACKGROUND

High School:

Name and location: _____

Course of Study: _____ Did you graduate? ___ yes ___ no

College/Vocational:

Name and location: _____

Course of Study: _____ Did you graduate? ___ yes ___ no

Degree/Diploma: _____ Year of graduation: _____



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Graduate School:

Name and location: _____

Course of Study: _____ Did you graduate? ___ yes ___ no

Degree: _____ Year of graduation: _____

Continuing Education Courses:

EMPLOYMENT HISTORY

Place an [X] by the employer(s) you do not want us to contact.

Current Employer: []

Company Name: _____

Contact Name: _____ Phone # _____

Address: _____

Position: _____ Employed from ___/___ to ___/___

Reason for leaving: _____ Last Wage: \$ _____ per _____

Immediate Prior Employer: []

Company Name _____

Contact Name: _____ Phone # _____

Address: _____

Position: _____ Employed from ___/___ to ___/___

Reason for leaving: _____ Last Wage: \$ _____ per _____

Prior Employer: []

Company Name: _____

Contact Name: _____ Phone # _____

Address: _____

Position: _____ Employed from ___/___ to ___/___

Reason for leaving: _____ Last Wage: \$ _____ per _____



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REFERENCES

Provide names and telephone numbers of 3 references. The first 2 must be familiar with your employment ability and the 3rd must be a personal reference.

1. _____
2. _____
3. _____

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omission, or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

Applicant's signature: _____ Date: _____

It is the policy of this company to provide equal opportunity with regard to all terms and conditions of employment. The company complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, disability, veteran status, age or any other protected characteristic.

August 2016