



Saratoga County Economic Opportunity Council, Inc.

APPLICATION for EMPLOYMENT

Name: _____

Home #: _____ Cell #: _____

Address: _____

City/State/Zip _____

Email: _____

Position Applying for: _____

Site/Location: _____

How did you learn about this position? _____

Available Start Date: _____

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

	Yes	No
Are you 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 a current or former Head Start/Early Head Start parent or participant?		
Have you ever been employed with this agency 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: _____

Certification Program and/or Continuing Education Courses:

EMPLOYMENT HISTORY

** Please attach a resume if available*

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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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 _____

PROFESSIONAL REFERENCES

Provide names, phone number(s) and email if available for three references who are either current or former supervisors or co-workers familiar with your employment ability.

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, state and local laws prohibiting discrimination and harassment on the basis of race, color, religion, age, sex, creed, national origin, disability status, veteran status, genetics, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

October 2018