



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: \_\_\_\_\_

### Immediate Prior Employer: [ ]

Company Name \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Employed from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Reason for leaving: \_\_\_\_\_

### Prior Employer: [ ]

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Employed from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Reason for leaving: \_\_\_\_\_



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**Prior Employer:** [ ]

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Employed from \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Prior Employer:** [ ]

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Employed from \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Reason for leaving: \_\_\_\_\_

## 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.*

January 2020