

# Mohawk Valley Community Action Agency

Revision 4 (3/16)

## APPLICATION FOR EMPLOYMENT

H.R.: 0052

**PLEASE DO NOT LEAVE ANY BLANKS OR UNANSWERED QUESTIONS - DO NOT REFERENCE "SEE" RESUME**

Name:			
Street:			
City, State, Zip:			
Home Phone:	Business Phone:	EMAIL:	

Have you ever applied for employment with MVCAA before? If yes, what position and when:

No  Yes  \_\_\_\_\_ Year \_\_\_\_\_

Have you ever been previously employed by MVCAA? If yes, what position and when:

No  Yes  \_\_\_\_\_ Year \_\_\_\_\_

Do you have any relatives or friends who work for or have worked for MVCAA? If yes, list names:

No  Yes  \_\_\_\_\_ Year \_\_\_\_\_

The title of the position being applied for: \_\_\_\_\_

\*\* Do you have reliable transportation? Yes  No  Date you will be available to begin: \_\_\_\_\_

### EDUCATION

SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	DEGREE OBTAINED
College			
High School			
Other			

List All Professional Certifications and Expiration Dates: \_\_\_\_\_

### EMPLOYMENT - LIST ALL PRESENT AND PAST EMPLOYERS

(1) Company Name and Address:		Job Title/Description:	
Telephone:	Employed From:	To:	
(2) Company Name and Address:		Job Title/Description:	
Telephone:	Employed from:	To:	
(3) Company Name and Address:		Job Title/Description:	
Telephone:	Employed from:	To:	

**VOLUNTEER EXPERIENCE - IF NO EXPERIENCE, PLEASE WRITE NONE**

Name of Organization:		From:		To:	
Describe your activities:					
Name of Organization:		From:		To:	
Describe your activities:					

**LIST (2) PROFESSIONAL AND (1) PERSONAL REFERENCES, MUST NOT BE A RELATIVE**

(1) Name:		Relationship:	
Address:		Telephone:	
(2) Name:		Relationship:	
Address:		Telephone:	
(3) Name:		Relationship:	
Address:		Telephone:	

**PROSPECTIVE EMPLOYEES DECLARATION - PLEASE WRITE YES, NO OR NONE: DO NOT LEAVE BLANKS**

(1) List all pending and prior criminal arrests and charges related to child/sexual abuse:

(2) List the disposition of above statements:

(3) List convictions related to other forms of child abuse and/or neglect:

(4) List convictions of violent felonies:

The information provided in this application for employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.  
 MVCAA is an at-will employer. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. I further understand that my employment if offered, may be terminated at any time, for any reason.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Equal Employment Opportunity:**

Mohawk Valley Community Action Agency, Inc. is committed to the efforts and goals of Equal Employment Opportunity for all people, in particular minorities, women, and veterans. It is the policy of this Agency to provide an atmosphere of equal opportunity for all persons regardless of race, color, creed, age, sex, marital status, nationality, lifestyle, or any other protected category.

It is also the policy of Mohawk Valley Community Action Agency, Inc., to prohibit discriminatory practices in recruitment, interviewing, promotion, training, working conditions, discipline and termination of women, disabled and Veterans in our work force.

**Inquiry Authorization:**

I hereby apply for employment with Mohawk Valley Community Action Agency, Inc., Any false statements or omissions made in this application will be considered sufficient cause for dismissal upon discovery thereof.

I hereby authorize Mohawk Valley Community Action and/or its representatives to make inquiry of all persons, schools, companies, corporations, consumer reporting agencies, law enforcement agencies, motor vehicle reports, and medical advisors of this company, to supply all information concerning my character prior to employment, general reputation, personal characteristics, and mode of living, and to furnish reports thereon. If employed by Mohawk Valley Community Action Agency, Inc., I will follow the rules and regulations and will agree to physical and medical examination at the option of the employer, and also agree that the examining physical will disclose to the employer or its representatives, the result of such examination.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_