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www.sccapinc.org | admin@sccapinc.org

Application for Employment

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, familial status, or any other legally protected statute.

Position(s) applied for:			Date:		
How did you learn about this emp	loyment opportunity?				
□ Advertisement	□ Friend		□ Walk-in		
□ Employment agency	□ Relative		□ Other:		
		ant Information			
Last Name	First Name		Middle Name		
Mailing address		City	State	Zip	
Street address (if different from mailing address)		City	State	Zip	
Telephone number(s)			L		
Are you at least 18 years of age?				□ Yes □ No	
Have you ever filed an application	with us before?			□ Yes □ No	
		If yes, please p	provide the date(s)	
Have you ever been employed with	us before?			□ Yes □ No	
		If yes, please provide the date(s)			
Are you currently employed?			□ Yes □ No		
	If yes, on wh	nat date would you be a	available for work?	?	
Are you available to work:	□ Full time	□ Part time	□ Tem	porary	
Can you travel if the job requires it?				□ Yes □ No	
	Employ	ment Experience			
Beginning with your present or	last job, please list you	r employment history and	l job-related duties	within the last 10 years.	
Employer		Dates Employed		yed	
		From	То		
Address		Work Performed			
Job Title Superviso	r				
Reason for leaving					

Employer		Dates Employed			
		From To			
Address		Work Performed			
Job Title	Supervisor				
Reason for leaving	1				
Employer			D. t F		
		Dates Employed From To			
Address		Work Performed			
Job Title	Supervisor				
Reason for leaving					
	If you need additional space, plea ⊏	se continue on a separa	ate sheet of paper.		
	Name and address of school	Course of study	Years completed	Diploma / Degree	
High School	INATTIE ATTU AUGUESS OF SCHOOL	Course or study	rears completed	Біріопа / Бедгее	
Undergraduate College / University					
Graduate / Professional					
Other (Please specify)					
Describe any job-relat	ed training received in the United	States military			
		•			
Describe any specializ	zed training, apprenticeships, skills	s, languages you speak,	etc.		
List professional, trade	e, business or office(s) held				
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Disclaimer and Signature

Certification of Credentials & Qualifications

I certify that all application materials submitted for employment consideration (e.g., letter of interest, resume or application, educational and employment records, publications, or work samples) are a true, accurate, and complete representation of my credentials and qualifications.

Acknowledgement of Responsibility to Obtain/Maintain Eligibility to Work in the United States

I understand SCCAP employs only individuals who are lawfully eligible to work in the United States and that employment eligibility will be verified upon employment. If I do not currently have permanent eligibility to work in the U.S., I understand that it is my responsibility to obtain and/or maintain eligibility to work and that loss of eligibility to work at any future date will invalidate my employment relationship and result in concurrent separation from employment without recourse or appeal.

Authorization to Verify Application Materials

I understand that any falsification, misrepresentation, or material omission in my application materials (including this certification) or making other false or fraudulent representations in securing employment may be grounds for disqualification of my candidacy or may be grounds for termination if discovered after the date of hire.

My signature below authorizes SCCAP to verify all of my application materials including contacting listed references as well as validating educational and employment records, with the understanding that facsimiles or photocopies of this authorization shall be deemed as valid as the original.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that, the Employee may resign at any time and the Employer may discharge an Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive or this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all policies and regulations of the employer.

Printed Name of Candidate:		
Signature of Candidate:		
Date:		