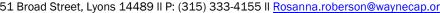
Finger Lakes Community Action 51 Broad Street, Lyons 14489 II P: (315) 333-4155 II Rosanna.roberson@waynecap.org







EMPLOYMENT APPLICATION

Application information

Full name:							Date:			
	First	M.I.		Last						
Address:							Phone:			
Street address		Apt/Unit #			-					
							Email:			
	C	ity	Sta	te	Zip Code					
Position applie	ed for:						Salary D	esired?		
Type of Emplo	yment Desired? (Fu	II/Part)					Date Ava	ilable?		
Are you a form	ner/current Head St	art parent?	Yes □	No □						
Are you authorized to work in the US?			Yes □	No □						
Have you ever worked for this company?		Yes □	No □	If ye	es, whe	n?				
Have you ever	been convicted of	a felony?	Yes □	No □	If ye	es, whe	n?			
How were you	referred to us?									
Specialized Ce	rtificates or Degree	s related to t	he position	applied	for? (w/e	expiratio	on dates	if applic	cable)	
Education										
High school:				dress:						
			Did you gr	aduate?	Yes □	No □	Diplo	oma:		
College(s)			Add	dress:						
			Did you gr	aduate	? Yes □	No □	Degr	ee:		

References

Please list at least TWO references; one <u>Personal</u> and one <u>Professional</u>

Full name:	Relationship:		
Company:	Phone:		
Address:	Email:		
Full name:	Relationship:		
Company:	Phone:		
Address:	Email:		
Full name:	Relationship:		
Company:	Phone:		
Address:	Email:		
Previous Employment			
Company:	Phone:		
Address:	Supervisor:		
Job title:	From:		To:
Responsibilities:			
May we contact your previous supervisor for a reference?	Yes □	No 🗆	
Company:	Phone:		
Address:	Supervisor:		
Job title:	From:		То:
Responsibilities:			
May we contact your previous supervisor for a reference?	Yes □	No □	

Company:	Phone:					
Address:	Supervisor:					
Job title:	From:	То:				
	Troin.					
Responsibilities:						
May we contact your previous supervisor for a reference?	Yes □	No □				
Can you, with or without reasonable accommodation, perform the essential functions of this job? Yes \square No \square						
Disclaimer and signature						
I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.						
Further, I hereby authorize the potential employer to use any information background check for the purposes of complying with federal and local reposition that is grant-funded, and as a condition of my potential employm material omission made by me on this application will be sufficient cause termination of employment if I am employed, whenever it may be discove opportunity to review and challenge the factual accuracy of a result befor consideration for employment.	equirements due ent. I understand for cancellation red. I also under	to the fact I will be serving in a d that any misrepresentation or of this application or immediate stand that I have reasonable				
If I am employed, I acknowledge that there is no specified length of employment, and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.						
I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for reasonable accommodation as required by the ADA.						
I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.						
I represent and warrant that I have read and fully understand the foregoing, I consent to all background checks necessary for my potential employment and that I seek employment under these conditions. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.						
EOE I understand that FLCA is an equal opportunity employer and does not un question on this application is used for the purpose of limiting or excludin employment on a basis prohibited by local, state, or federal law. Equal ac available to all persons. Those applicants requiring reasonable accommo process should notify a representative of the organization. Additional information may be found here: https://www.eeoc.gov/federal/otherp	g any applicant cess to employm dation for the ap	from consideration for nent, services, and programs is				

Date:

Signature: