

# Finger Lakes Community Action

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## EMPLOYMENT APPLICATION

### Application information

Full name: \_\_\_\_\_ Date: \_\_\_\_\_  
*First M.I. Last*

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Street address Apt/Unit #*

\_\_\_\_\_ Email: \_\_\_\_\_  
*City State Zip Code*

Position applied for: \_\_\_\_\_ Salary Desired? \_\_\_\_\_

Type of Employment Desired? (Full/Part) \_\_\_\_\_ Date Available? \_\_\_\_\_

Are you a former/current Head Start parent? Yes  No

Are you authorized to work in the US? Yes  No

Have you ever worked for this company? Yes  No  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? Yes  No  If yes, when? \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

Specialized Certificates or Degrees related to the position applied for? (w/expiration dates if applicable)

\_\_\_\_\_

\_\_\_\_\_

### Education

High school: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes  No  Diploma: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes  No  Degree: \_\_\_\_\_

## References

Please list at least TWO references; one Personal and one Professional

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 <input type="checkbox"/>	No <input type="checkbox"/>			
Company:	_____	Phone:	_____		
Address:	_____	Supervisor:	_____		
Job title:	_____	From:	_____	To:	_____
Responsibilities:	_____				
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

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  No

**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 provided herein, to perform a criminal background check for the purposes of complying with federal and local requirements due to the fact I will be serving in a position that is grant-funded, and as a condition of my potential employment. I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered. I also understand that I have reasonable opportunity to review and challenge the factual accuracy of a result before action is taken to exclude me from consideration for employment.

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 unlawfully discriminate in its employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation for the application and/or interview process should notify a representative of the organization.

Additional information may be found here: <https://www.eeoc.gov/federal/otherprotections.cfm>.

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