

**APPLICATION
FOR EMPLOYMENT**

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

Fayette County Community Action Agency
108 N. Beeson Blvd
Uniontown, PA 15401



(PLEASE PRINT)

Position (s) Applied For _____	Date of Application _____
How Did You Learn About Us? Advertisement Friend Inquiry Employment Agency Relative Other _____	

Last Name _____	First Name _____	Middle Name _____
Address <i>number</i> <i>Street</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>
Telephone Number(s) _____		Social Security Number _____

Best time to contact you at home is:	_____ : _____ AM - PM
If you are under 18 years of age, can you provide required proof of your eligibility to work?	yes no
Have you ever filed an application with us before? If yes, give date _____	yes no
Have you ever been employed with us before? If yes, give date _____	yes no
Do any of your friends or relatives, work here? If yes, state name and relationship. _____	yes no
Are you currently employed?	yes no
May we contact your present employer?	yes no
Have you ever been convicted of a violent crime, or dismissed from employment due to abuse of clients or residents?	yes no
Date available for work _____ / _____ / _____	What is your desired salary range? _____
Are you available to work: Full Time _____ Part Time _____ Temporary _____	
Are you currently on "lay off" status and subject to recall?	yes no
Can you travel if a job requires it?	yes no

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
High School / GED				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignment, and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer	Date Employed	Work Performed	
Address			
Telephone Number (s)			
Job Title	Hourly Rate/Salary		
Supervisor			
Reason For Leaving			
Employer	Date Employed	Work Performed	
Address			
Telephone Number (s)			
Job Title	Hourly Rate/Salary		
Supervisor			
Reason For Leaving			
Employer	Date Employed	Work Performed	
Address			
Telephone Number (s)			
Job Title	Hourly Rate/Salary		
Supervisor			
Reason For Leaving			
Employer	Date Employed	Work Performed	
Address			
Telephone Number (s)			
Job Title	Hourly Rate/Salary		
Supervisor			
Reason For Leaving			

Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills, extra-curricular activities, and licensing.

Describe any job-related training received in the United States military.

List professional, trade, business, or civic activities, and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or protected status:

ADDITIONAL INFORMATION Other qualifications: *Summarize special job-related skills and qualifications acquired from employment or other experience. Also include license, certificates, etc.*

SPECIALIZED SKILLS (Skills/Equipment Operated)		Other (list)
<input type="checkbox"/> Computer	<input type="checkbox"/> PowerPoint	_____
<input type="checkbox"/> Word Processing	<input type="checkbox"/> General Construction	_____
<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> Maintenance	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED OF THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accomodation, the activities involved in the job or occupation for which you have applied?
 A review of the activities involved in such a job or occupation has been given.

_____ YES _____ NO

PERSONAL/PROFESSIONAL REFERENCES *Do not include family members or past supervisors*

NAME	PHONE #	Best Time to Call	Occupation
1			
2			
3			

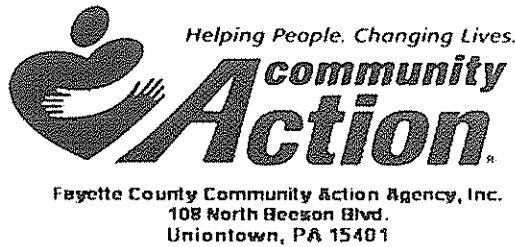
APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 1 year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

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 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 of 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 rules and regulations of the employer.



FCCAA is an equal opportunity provider and employer. Providing quality service to the community.

Signature of Applicant

Date

JM/cb 2-2000

JM-CB revised 10-2000

JM/ceb revised 7/19/07