

**WAYNE COUNTY ACTION PROGRAM, INC.**

51 BROAD ST  
LYONS, NY, 14489  
PHONE: 315-333-4155  
FAX: 315-871-4017  
rosanna.roberson@waynecap.org



**APPLICATION FOR EMPLOYMENT**

Wayne CAP 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 to the application and/or interview process should notify a representative of the organization. **Please answer all questions below.**

● Applicant name: \_\_\_\_\_ Date: \_\_\_\_\_

● Address: (Street) \_\_\_\_\_

● (City/State) \_\_\_\_\_ (Zip) \_\_\_\_\_

● Telephone #: \_\_\_\_\_ cell or alternate # \_\_\_\_\_

**Email:** \_\_\_\_\_

● Position(s) now applying for or type of work desired: \_\_\_\_\_ Program: \_\_\_\_\_

● Have you applied for another position within the Agency? Please list position and program applied for and date \_\_\_\_\_

● Type of employment desired: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

● Minimum Pay Requirement: \_\_\_\_\_ ● Date you will be available to start work: \_\_\_\_\_

● Are you able to meet the attendance requirements? Yes No

● Have you ever been previously employed by our organization? Yes No

If yes, Date: \_\_\_\_\_ Location: \_\_\_\_\_ Supervisor: \_\_\_\_\_

● Are you a Head Start /Former Head Start parent? Yes No

● Can you submit proof of legal employment authorization and identity? Yes No

● Are you at least 18 years of age? Yes No

If you are under 18, can you furnish a work permit if it is required? Yes No

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

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

## Other Skills and Qualifications

Summarize any other skills, technical training, licenses, certificates, and/or other qualifications:

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## Educational History (List school name and location, years completed, course of study & degrees earned)

**High school:** (Name) \_\_\_\_\_ (Location) \_\_\_\_\_

(Course of Study) \_\_\_\_\_ (Years Completed) \_\_\_\_\_ (Diploma or GED earned) Yes or No \_\_\_\_\_

**College:** (Name) \_\_\_\_\_ (Location) \_\_\_\_\_

(Course of Study) \_\_\_\_\_ (Years Completed) \_\_\_\_\_ (Diploma/GED earned) \_\_\_\_\_

**College:** (Name) \_\_\_\_\_ (Location) \_\_\_\_\_

(Course of Study) \_\_\_\_\_ (Years Completed) \_\_\_\_\_ (Diploma/GED earned) \_\_\_\_\_

**(Please attach all Diplomas, Degrees, Transcripts and certifications for the above information you provided)**

## Employment History

Please **completely** provide all employment information starting with the most recent. Attach additional sheet if needed.

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ City, ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone# \_\_\_\_\_ Email address: \_\_\_\_\_ Position held \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Job summary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ City, ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone# \_\_\_\_\_ Email address: \_\_\_\_\_ Position held \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Job summary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ City, ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone# \_\_\_\_\_ Email address: \_\_\_\_\_ Position held \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Job summary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Can you, with or without reasonable accommodation, perform the essential functions of this job?**

**Yes                      No**

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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 persons need for a 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.

I have applied for the following program \_\_\_\_\_ and consent to the clearances that apply.

Please fill in the blank above with the following program name listed below:

Weatherization Assistance Program	Healthy Families	Head Start/Early Head Start
Senior Services	Success Center	Transitional House
Parent Education Program	Youth & Family Healthy Recovery	Energy Reduction Services

**Applicant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **\*\*\*PLEASE NOTE\*\*\*:**

- This application will not be accepted unless all three (3) attached reference forms are completed. (Feel free to detach, disburse and reattach.)
- These forms may not be completed by a relative.
- We require at least one (1) personal and one (1) professional; the third (3<sup>rd</sup>) is your choice.
- Should your references be qualified to complete both the personal and professional questions of the form they may do so, BUT would only count as ONE reference; However, the requirement above (three (3) separate, nonrelative persons) remains.

# Wayne County Action Program, Inc.

*Helping people...Changing lives.*

## Personal Reference Form

Applicants Name: \_\_\_\_\_

Reference Information:

Name: \_\_\_\_\_ Phone/E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ Profession: \_\_\_\_\_

\_\_\_\_\_

How long have you known the above named applicant? \_\_\_\_\_

What are some words you would use to *Describe* his/her character? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How does he/she *Interact* with *Children/families in need* (include specific examples)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do *Children/individuals in need* *React* to him/her? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you *Trust* him/her to care for *your own Children/family members in need of guidance*? \_\_\_\_\_

What qualifications does the applicant possess to be a \_\_\_\_\_/Childcare/Human Services Staff Member? \_\_\_\_\_

Other comments? \_\_\_\_\_

\_\_\_\_\_

I hereby declare that the information above is true and correct to the best of my knowledge and belief. I consent to submit this form as my reference for \_\_\_\_\_. I understand that a member of staff will contact me to verify that I, \_\_\_\_\_ (print), willfully completed this form.

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

### **For office use only:**

I, \_\_\_\_\_ (staff name *printed*), confirmed in-person / via phone on \_\_\_\_\_ (date), that the above form was completed under free will by \_\_\_\_\_ (reference name).

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

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## Professional Reference Form

Applicants Name: \_\_\_\_\_

Reference Information:

Name: \_\_\_\_\_ Phone/E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ Company speaking for: \_\_\_\_\_

\_\_\_\_\_ Profession: \_\_\_\_\_

How long have you known the above named applicant? \_\_\_\_\_

Can you please verify his/her dates of employment with the above company? \_\_\_\_\_ - \_\_\_\_\_

What position did the applicant hold and what duties were included for the specific job? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please rate the following:

Quality of Work: \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor

Quantity of Work: \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor

Attendance: \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor

Initiative: \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor

Cooperation: \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor

Is this individual re-hirable? \_\_\_\_\_ Reason for separation from employment? \_\_\_\_\_

Other comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_

How does he/she *Interact* with *Children/families in need* (include specific examples)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do *Children/individuals in need* *React* to him/her? \_\_\_\_\_

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\_\_\_\_\_

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Is this individual re-hirable? \_\_\_\_\_ Reason for separation from employment? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other comments: \_\_\_\_\_

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