

Graduate School:

Name and location: \_\_\_\_\_

## **Employment Application**

MAIN OFFICE: 39 Bath St., Ballston Spa, NY 12020 CALL: 518-288-3206 EMAIL: hr@lifeworksaction.org Home #: \_\_\_\_\_ Email: \_\_\_\_ \_\_\_\_\_\_ Citv: \_\_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Address: Position applying for: \_\_\_\_\_\_ Site/Location: \_\_\_\_\_ Available start date: \_\_\_\_\_ How did you learn about this position? \_\_\_\_\_ Special training or skills that would benefit you in the job for which you are applying: \_\_\_\_\_ Yes No Are you seeking full-time work? Are you seeking part-time work? Are you of legal age to work? Are you eligible to be employed in the U.S.? Are you willing to provide fingerprints and consent, in writing to disclosure of information concerning any prior criminal arrests, charges and/or convictions? Are you a current or former Head Start/Early Head Start parent or participant? Have you ever been employed with this agency before?\* \*If yes: When: \_\_\_\_\_\_ Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_ **Educational Background** High School: Name and location: \_\_\_\_\_ Course of Study: \_\_\_\_\_ Did you graduate? \[ \subseteq Yes \] No College/Vocational: Name and location: Course of Study: \_\_\_\_\_\_ Did you graduate? \[ \subseteq \text{Yes} \] No

Degree/Diploma: \_\_\_\_\_\_ Year of graduation: \_\_\_\_\_\_

Course of Study:	Did you graduate? $\Box$ Yes	□No
Degree/Diploma:	Year of graduation:	
Certification Program and/or Continuing Education Courses:		
Employment History * Please attach a resume if available Place an [X] by the employer(s) you do not want us to contact. Current Employer:  Company Name:		
Contact Name:	Phone #:	
Address:		
Position:	Employed from / to _	/
Reason for leaving:		
Immediate Prior Employer: Company Name:		
Contact Name:	Phone #:	
Address:		
Position:	Employed from/ to _	/
Reason for leaving:		
Prior Employer: Company Name:		
Contact Name:	Phone #:	
Address:		
Position:	Employed from / to _	/
Reason for leaving:		
Prior Employer: Company Name:		
Contact Name:	Phone #:	
Address:		
Position:	Employed from/ to _	/
Reason for leaving:		

<b>Prior Employer:</b>	
Contact Name:	Phone #:
Address:	
	Employed from / to /
Reason for leaving:	
Prior Employer:	
Contact Name:	Phone #:
Address:	
	Employed from / to /
Reason for leaving:	
2.  3.  I certify that all the information submitted by refalse information, omission, or misrepresentation.	me on this application is true and complete, and I understand that if any ions are discovered, my application may be rejected, and if I am employed,
my employment may be terminated at any tim	e.
Applicant's signature:	Date:
company complies with federal, state and loca	al opportunity with regard to all terms and conditions of employment. The all laws prohibiting discrimination and harassment on the basis of race, color, lity status, veteran status, genetics, sexual orientation, gender identity or ed by federal, state or local laws.
Return to hr@lifeworksaction.org or	
LifeWorks Community Action P.O. Box 169, 39 Bath St.	

Ballston Spa, NY 12020 ATTN: Human Resources Department

Updated October 2022