

ALBANY COMMUNITY ACTION PARTNERSHIP (ACAP)

Administrative Office - 333 Sheridan Avenue, Albany, NY 12206

Employment Application

Applicant Name: _____

Position Applying For: _____

Date Submitted: _____

For information on any positions currently available, please visit www.albanycap.org

*Send Original Application to Human Resources.
Only selected candidates will be contacted for interview.*



THE POWER OF CHANGE

We are an Equal Opportunity Employer and consider all applications without regard to race, color, religion, gender, national origin, age, physical/mental disability, marital status, veteran status, or any other legally protected status or class. Applicants requiring reasonable accommodation to participate in the application and/or interview process are encouraged to contact Human Resources. This application will be considered active for a 90 day period of time.

FOR AGENCY USE ONLY					
Interview Cycle <input type="checkbox"/> Approved for Interview <input type="checkbox"/> Not Approved: _____					
Date Contacted: _____		Interview Date: _____		Time: _____	
		2 nd Interview Date: _____		Time: _____	
Interviewer Name	Date	Initials	References Check	Date	Initials
1.			1.		
2.			2.		
3.			3.		
4.			If Position Offered: <input type="checkbox"/> Accepted <input type="checkbox"/> Declined		
5.			Date: _____		
Date Offer/Rejection Letter Sent: _____			Comments: _____		

Albany Community Action Partnership

Employment Application

PRINT CLEARLY. This application must be completed & signed personally by the applicant. Answer each question in full. Incomplete applications will not be processed. If answer is NO or NONE, please indicate.

BIOGRAPHICAL DATA	Name (First, Middle, Last):			Social Security Number:		
	Address:			Phone Number:		
	City:	State:	Zip:	Alternate Phone Number:		
	E-mail Address:			Position Applying For:		
	Date available to begin work:			Salary Desired:		
	Are You 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are You Available: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		
	How Were You Referred to ACAP? <input type="checkbox"/> Newspaper - Name: _____ <input type="checkbox"/> Internet - website: _____					
	<input type="checkbox"/> Employee Referral - Name: _____ <input type="checkbox"/> Other (explain) _____					
	Have you ever been employed with ACAP before? If Yes, give dates: From _____ To _____					<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are any of your relatives employed with us? If Yes, name & relationship: _____					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States? (Verification is required upon employment.)					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you perform the essential functions of the position with or without reasonable accommodation?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
EDUCATION	Type of School	Name and Location of School		Years Completed	Graduation Year	Diploma/Degree Type & Course of Study
	High School					
	College					
	Other					
SKILLS	Computer and Software Skills:					
	List any additional skills, technical or professional training or knowledge that you feel would support your application:			List any certificates, licenses or professional achievements that would support your qualifications for employment:		
Present/Last Employer - Please give contact information for all employers. Use additional sheets if necessary						
Name of Employer					Phone Number	
Address			City	State	Zip	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employment Start Month/Year			End Month/Year		Salary	
Title of Position				Name and Title of Supervisor:		
Description of duties, responsibilities and significant accomplishments:					Reason for Leaving:	

Next Previous Employer			
Name of Employer			Phone Number
Address	City	State	Zip
			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employment Start Month/Year	End Month/Year		Salary
Title of Position		Name and Title of Supervisor:	
Description of duties, responsibilities and significant accomplishments:			Reason for Leaving:

Next Previous Employer			
Name of Employer			Phone Number
Address	City	State	Zip
			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employment Start Month/Year	End Month/Year		Salary
Title of Position		Name and Title of Supervisor:	
Description of duties, responsibilities and significant accomplishments:			Reason for Leaving:

Explain and give details for any period(s) in which you were unemployed for more than 30 days:

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Military Experience			
U.S. Military Branch	Active Duty Entry Date	Discharge Date	Training or Specialty

Professional / Personal References (List at least three – no relatives or former supervisors)				
Name/Occupation	Address	E-mail	Phone Number(s)	Years Known
1.				
2.				
3.				

Conviction Record Status

All applicants must, as a condition of employment, list all criminal convictions. The organization reserves the right to reject individuals for employment based on job-related convictions. If "yes" & you have been convicted of a felony or misdemeanor, provide additional information on the crime(s), date(s), court location, sentencing information, & rehabilitation completed. Please note that a "yes" answer to this question does not necessarily disqualify an applicant from employment with the organization.

Have you ever been convicted of a felony or misdemeanor? No Yes (if yes, indicate details below.)

Date	County/State	Conviction/Explanation

I hold harmless any company or individual furnishing information regarding my employment or personal background that may be used in connection with this application for employment. I certify that the answers given herein are true and complete to the best of my knowledge. I authorize Albany Community Action Partnership or any of its subsidiaries to investigate all statements contained in this application or furnished elsewhere, as necessary in arriving at an employment decision. I understand that misrepresentation of any material fact may be cause for rejection of my application, or if already hired, termination of employment.

I understand that if employed I am required to abide by all rules and regulations of Albany Community Action Partnership I understand and agree that if hired my employment with Albany Community Action Partnership is "at-will" and is for no definite period and may be terminated at any time, with or without any prior notice.

Date: _____

Applicant Signature: _____