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Opportunities For Chenango, Inc.

EMPLOYMENT APPLICATION

Opportunities for Chenango, Inc. was established in 1965 in order to carry out the directives of the Economic Opportunity Act. The agency administers a variety of federal, state and local programs which benefits the residents of Chenango County.

This application is your introduction to Opportunities for Chenango, Inc. Please answer all of the questions. We appreciate the opportunity to review your qualifications. Such review will be based on your qualifications without prejudice as to veteran status, age, race, color, religion, national origin, handicapping conditions, marital status, or arrest/conviction record.

Thank you for your interest in our agency.

Date of Application _____

I. PERSONAL

LAST NAME		FIRST NAME		M.I.	SOC. SEC. NUMBER	
PRESENT ADDRESS - STREET		CITY		COUNTY	STATE	ZIP
HOME PHONE ()	WORK PHONE ()		REFERRED FOR EMPLOYMENT BY: (CHECK ONE)			
			Advertisement _____	Agency _____	Other _____	
			NYS Employment _____	Self _____	Relative _____	
POSITION APPLIED FOR:			Full Time	Part Time *	Temporary	
HAVE YOU EVER WORKED FOR OPPORTUNITIES FOR CHENANGO, INC. BEFORE? If yes, give date(s):			NO	YES	DATES:	
ARE YOU ACCESSING ANY OF OFC'S PROGRAMS?			NO	YES	If so, which ones?:	
HAVE YOU EVER BEEN CONVICTED OF ANY CRIME UNDER THE NAME YOU HAVE USED ON THIS APPLICATION OR UNDER ANY OTHER NAME? NOTE: The existence of a criminal record does not automatically eliminate you from employment consideration. All staff for child care will be fingerprinted and a background check run. NO _____ YES _____ If yes, please explain when, what, where, and the disposition of the case. _____						
ARE YOU CURRENTLY PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? NOTE: Proof of citizenship or immigration status will be required upon employment. NO _____ YES _____						
ARE YOU CURRENTLY 18 YEARS OF AGE OR OLDER? NO _____ YES _____ If no, state age: _____						
DO YOU POSSESS A VALID NEW YORK STATE DRIVER'S LICENSE? NO _____ YES _____ If yes, state class (es); _____						

II. EDUCATION

NAME & LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE?
ELEMENTARY			XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX
HIGH SCHOOL			
COLLEGE	Major		
	Degree		
OTHER			

III. EXPERIENCE (Volunteer or unpaid experience is acceptable)

EMPLOYER		PHONE NUMBER	FROM	TO
ADDRESS		CITY, STATE, ZIP CODE	POSITION	
DUTIES: _____ _____			SUPERVISOR	
STARTING SALARY/WAGES		FINAL SALARY/WAGES		
REASON FOR LEAVING:				
EMPLOYER		PHONE NUMBER	FROM	TO
ADDRESS		CITY, STATE, ZIP CODE	POSITION	
DUTIES: _____ _____			SUPERVISOR	
STARTING SALARY/WAGES		FINAL SALARY/WAGES		
REASON FOR LEAVING:				
EMPLOYER		PHONE NUMBER	FROM	TO
ADDRESS		CITY, STATE, ZIP CODE	POSITION	
DUTIES: _____ _____			SUPERVISOR	
STARTING SALARY/WAGES		FINAL SALARY/WAGES		
REASON FOR LEAVING:				

IV. REFERENCES

(Business/Professional References preferred)

Please give names of three persons NOT RELATED TO YOU, whom you have known at least one year.

NAME	ADDRESS	YEARS KNOWN	TELEPHONE

I have read this employment application and certify that I have answered each question completely and truthfully. I understand the agency may investigate my entire work and personal history.

I agree to be screened through the New York Central Registry of Child Abuse and Maltreatment.

I understand that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in any area owned or leased by the Agency.

I agree that an investigation as required by 391.23 of the Motor Carrier Safety Regulations will be conducted, if applicable to the position for which I am applying.

I understand that I may be required to have an annual physical examination if applicable to position.

I understand that the failure of any federal or state department, commission, board or agency to grant me any necessary clearance or approval for employment shall be grounds for my rejection for employment or my discharge from employment.

I further understand that this is an application for employment and that no employment contract is being offered.

I understand that if I am employed, such employment is for an indefinite period of time and the Agency can change wages, benefits, and conditions at any time.

Date _____ Signature _____

FOR OFFICE USE ONLY

Position	Program
Interview Date	Site
Signature of Interviewer	