

MECHANICVILLE AREA COMMUNITY SERVICES CENTER INC.

Employment Application

Applications are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

PERSONAL INFORMATION:**Today's Date:** _____

Position desired: _____ What date are you available to start: _____

 Full Time Part Time Temporary Referral Source _____

Name: _____

Permanent Street Address: _____ Phone: _____

City/State/Zip: _____

Are you 18 or older: Yes NoDo you have a valid NYS driver's License: Yes NoMay we contact your current employer: Yes No

Employer's contact Information: _____

Have you applied for a position at the Center previously? Yes No

If yes, please give date and position applied for: _____

Were you previously employed by the Center? Yes No

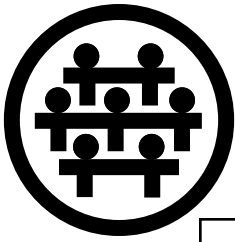
If yes, please give dates and position held: _____

How did you learn about us?

Advertisement Friend Walk-in
Employment Agency Relative Other _____**EDUCATION:**

Schools/Colleges Attended:	Graduated	Degree
_____	___ Yes ___ No	_____
_____	___ Yes ___ No	_____
_____	___ Yes ___ No	_____

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BUSINESS REFERENCES:

Please provide (3) three business references including individual and company names, position, addresses, and phone numbers.

Name: _____

Company: _____

Street: _____

City/State/Zip: _____ Phone: _____

Name: _____

Company: _____

Street: _____

City/State/Zip: _____ Phone: _____

Name: _____

Company: _____

Street: _____

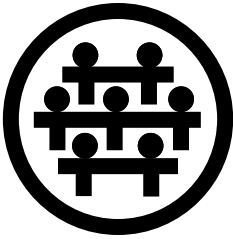
City/State/Zip: _____ Phone: _____

Is there anything else you would like to tell us about yourself: _____

I CERTIFY that the above answers are true and complete to the best of my knowledge. I authorize the Mechanicville Area Community Services Center, Inc. to investigate any statement contained in this application, as necessary to determine my qualifications. I understand that this application is not and is not intended to be any kind of contract or agreement. In the event of employment, I understand that any false or misleading information given in my application, correspondence, discussions or interview may result in immediate termination. I understand also, that I am required to abide by all rules, regulations, and policies of the Mechanicville Area Community Services Center, Inc.

Signed: _____

Date: _____



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EMPLOYMENT/WORK EXPERIENCE:

Start with your present or most recent position. Include military service assignments or volunteer activities. Exclude organization names that indicate race, color, religion, sex, or national origin. You may also attach a resume.

Employer: _____

Job Title: _____ Supervisor: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Duties/ Responsibilities/ Accomplishments: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): From _____ To: _____

Employer: _____

Job Title: _____ Supervisor: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Duties/ Responsibilities/ Accomplishments: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): From _____ To: _____

Employer: _____

Job Title: _____ Supervisor: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Duties/ Responsibilities/ Accomplishments: _____

Reason for Leaving: _____

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