

FULMONT COMMUNITY ACTION AGENCY, INC.

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE)

We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

PERSONAL INFORMATION

NAME LAST FIRST MIDDLE DATE

PRESENT ADDRESS STREET CITY STATE ZIP

PERMANENT ADDRESS STREET CITY STATE ZIP

PHONE NO. ARE YOU 18 YEARS OR OLDER YES NO

EMPLOYMENT DESIRED

POSITION DATE YOU CAN START SALARY DESIRED

ARE YOU EMPLOYED NOW? IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? WHERE? WHEN?

REFERRED BY

Table with 5 columns: EDUCATION, NAME AND LOCATION OF SCHOOL, NO. OF YEARS ATTENDED, DID YOU GRADUATE?, SUBJECTS STUDIED. Rows include Grammar School, High School, College, and Trade/Business/Correspondence School.

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

PROFESSIONAL LICENSE OR MEMBERSHIPS

ACTIVITIES (CIVIC, ATHLETIC, ETC.) (Exclude organizations - the name of which indicates the race, creed, sex, age, marital status, color or nation of origin of its members.)

US MILITARY OR NAVAL SERVICE RANK

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES Yes No

HAVE YOU EVER BEEN TERMINATED OR ASKED TO LEAVE A JOB? YES NO

IF YES, PLEASE EXPLAIN:

\*HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO

IF YES, PLEASE EXPLAIN:

\*AN AFFIRMATIVE RESPONSE TO THIS QUESTION IS NOT AN AUTOMATIC BAR TO EMPLOYMENT.

I hereby authorize Fulmont Community Action Agency, Inc. to check my work history with previous employers and also any references given.

**FORMER EMPLOYERS** (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH MOST RECENT)

DATE Month/Year	NAME AND ADDRESS OF EMPLOYER	PHONE NUMBER	NAME OF SUPERVISOR OR HUMAN RESOURCES	POSITION	REASON FOR LEAVING
From					
To					
From					
To					
From					
To					

Fulmont has a policy that prohibits the hiring of anyone related to any current employees or members of its Board of Directors.

To the best of your knowledge, are you aware of any relatives currently employed by Fulmont or serving on our Board of Directors \_\_\_Yes \_\_\_No

Please list the names of friends that you have that are employed by Fulmont: \_\_\_\_\_

Please list names you have been employed under. \_\_\_\_\_

**REFERENCES** (GIVE THE NAMES OF TWO PROFESSIONAL AND ONE PERSONAL PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS	PHONE NUMBER	PROFESSIONAL OR PERSONAL REFERENCE	YEARS ACQUAINTED	HOW ACQUAINTED
1.					
2.					
3.					

In compliance with federal law, all persons hired will be required to verify identity and employment eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Certain employees may be subjected to fingerprinting and/or clearance from the New York State Child Abuse Registry.

CONTINUATION OF EMPLOYMENT WILL BE BASED UPON THE RESULTS OF THE FOREGOING.

BY SIGNING THIS APPLICATION, YOU HEREBY CONSENT TO THE EMPLOYER CONDUCTING ANY AND ALL-LAWFUL BACKGROUND CHECKS, INCLUDING, BUT NOT LIMITED TO, CRIMINAL BACKGROUND CHECKS.

“I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company’s rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company’s option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its Executive Director, and then only when in writing and signed by the Executive Director, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.”

DATE \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_