

Application For Employment



Mission Statement: The mission of York County Community Action Corporation is to alleviate the effects of poverty, attack its underlying causes, and promote the dignity and self-sufficiency of the people of York County, Maine.

*Position(s) Applied For: _____ Date of Application: _____

*If a specific position is not stated above, this application will not be considered for employment.

Referral Source:

____ Advertisement ____ Employee Referral ____ Walk-in ____ Friend/Relative ____ Maine Career Centers

____ Indeed ____ Other _____

PERSONAL

Name: _____

Home Phone: _____ Cell Phone: _____

Current Address:

Street Name/Number	City	State	Zip
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Email Address: _____

Are you a U.S. Citizen or legally authorized to work in the U.S.? Yes No

(Proof of citizenship/work authorization will be required prior to beginning work) Citizenship: US Citizen/Permanent Resident

Non-Immigrant Visa: _____ Other: _____

Do you have a relative employed at YCCAC? Yes No

Have you ever been employed by YCCAC? Yes No

If so, please provide job title, dates of employment and in what location:

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Are you currently employed? Yes No May we contact your current employer? Yes No

Can you travel if the job requires it? Yes No

Date available for work? _____

Are you available to work: ____ Full Time ____ Part Time ____ Seasonal ____ Temporary

Do you have any professional licensures or certifications? Yes No If yes, please list below.

EDUCATION / TRAINING (College Degrees Subject to Verification)

Indicate Last Level of Education Completed

High School

9 10 11 12 GED

College/University

1 2 3 4

Graduate School

1 2 3 4

Did you graduate?

Yes No

Did you graduate?

Yes No

Did you graduate?

Yes No

College or Trade School	Location	Major/Minor	Honors

Additional Education, Vocational and/or Professional Information. List any foreign languages you can speak, read and/or write. State additional qualifications or information you may feel is helpful to us in considering your application.

3. Employer (complete name): _____

Address: _____
Street City State Zip

Employment Dates: _____

Reason for Leaving: _____

Job Title: _____ Immediate Supervisor: _____

May we contact your employer? Yes No Phone: _____

Description of Duties: (use comment section if additional space is needed)

EMPLOYMENT REFERENCES

Please list business references (supervisors, colleagues or individuals you supervised) we may contact who are best qualified to evaluate your work experience. If not applicable, list three school or personal references not related to you.

Name _____ Business Relationship _____

Business Address _____
Street City State Zip

Years Known _____ Phone Number (_____) _____

E-mail: _____

Name _____ Business Relationship _____

Business Address _____
Street City State Zip

Years Known _____ Phone Number (_____) _____

E-mail: _____

Name _____ Business Relationship _____

Business Address _____
Street City State Zip

Years Known _____ Phone Number (_____) _____

E-mail: _____

Please read carefully prior to signing

This application is not complete until the following statement has been Read and Signed:

In compliance with federal and state equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, creed, religion, sex, ethnicity, national origin, alienage or citizenship, age, marital status, sexual orientation, physical or mental disability, service in the armed forces of the United States, or any other legally recognized protected classification under federal, state, or local laws, requirements or ordinances.

I hereby declare that the information provided by me in this Application for Employment (and in any accompanying resume) is true, correct and complete to the best of my knowledge. I understand that any omission or misrepresentation of facts on this application may result in rejection of my application and refusal to hire. I understand that if I am hired and any omission or misrepresentation is discovered after I begin employment with YCCAC, I may be terminated from employment. As an at-will employee, I understand that my employment may be terminated with or without cause, and with or without notice at any time, at the option of YCCAC or me. I understand that no management representative has any authority to enter into any agreement for continuing employment for any specific period of time or condition which is contrary to the foregoing without a written agreement signed by the Executive Director and myself. I authorize all individuals, schools and/or firms named herein (except my current employer, if so noted) to provide any information about me. I grant YCCAC the authority to verify any information presented on this application, on related papers and in interviews to conduct required background checks in connection with my application for employment. I release all liability from any persons, companies, corporations or educational institutions supplying such information. I also release YCCAC (or its designee) from any and all liability for claims resulting from the verification of such information.

I understand that any offer of employment is conditioned upon satisfactory completion of background checks.

I understand that if I am hired the amount of time I am scheduled to work may be adjusted at the organization's discretion. I understand this application is not a contract or an offer of employment.

My signature below attests to the fact that I have read, understand, and agree to be legally bound by all of the above.

Signature

Date

Rev. September 2021