



Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Program/Employment Application

### General Instructions

Please read these instructions carefully.

- To be considered an applicant to OEC, you must complete all parts of this application and sign the Applicant Statement. Incomplete applications will not be considered.
- If you need help filling out this application, or for any phase of the enrollment/employment process, please let us know, and every reasonable effort will be made to accommodate your needs.

*You will also need to submit a cover letter and resume to complete your application.*

*All qualified applicants will receive consideration without regard to race, color, creed, religion, gender, national origin, age, disability, marital status, veteran status, sexual orientation, or any other basis upon which discrimination is prohibited by municipal, state, or federal law.*

### Applicant Information

Last Name	First Name	Middle Name	Primary Phone
Work Phone	Other Phone	Email	
Current Address - Street/Apt #		City	State      Zip Code
If hired can you prove that you are eligible for employment in the United States?  <input type="checkbox"/> No <input type="checkbox"/> Yes		Are you over the age of 18 years? (If no you will be required to provide authorization to work.)  <input type="checkbox"/> No <input type="checkbox"/> Yes	

### Position Information

Type of position desired: <input type="checkbox"/> Staff <input type="checkbox"/> Young Adult <input type="checkbox"/> Youth	Have you been previously employed by OEC? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when?                      What position?
Position Title:	Have you ever applied for employment with OEC? <input type="checkbox"/> No <input type="checkbox"/> Yes                      If yes, month and year:
Please check all that you are available for:  <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/> Overtime <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays	When would you be able to start work?  Minimum acceptable starting wage:    \$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week
What days/hours are you available to work?  Are you available to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No  Can you travel if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, what percentage of the time? _____	How did you hear about OEC? <input type="checkbox"/> Employment Ad <input type="checkbox"/> Current Employee <input type="checkbox"/> Former Employee <input type="checkbox"/> School or College <input type="checkbox"/> Walk-in/self <input type="checkbox"/> Other: _____  If referred by person, agency or community center, list name: _____
If driving is a requirement of the job for which you are applying, do you have a current, valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### Education

	School Name & Location	Degree Earned	Course of Study
High School		<input type="checkbox"/> None <input type="checkbox"/> Diploma <input type="checkbox"/> GED GPA _____	
Business/Trade/ Technical/College		<input type="checkbox"/> None <input type="checkbox"/> List: GPA _____	
College/Graduate Studies/Additional		<input type="checkbox"/> None <input type="checkbox"/> Master <input type="checkbox"/> Other (explain) GPA _____	

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Employment History

*Begin with your most current or recent position. You may refer to a resume if it is attached to your application AND includes the name, dates, and duties of a position. If you have had additional employers, please attach another sheet of paper containing the same information as asked for below.*

1. Name of Employer		Location (Address, City, State, Zip)		Phone
Date Started	Starting Wage \$ _____ per: <input type="checkbox"/> hour <input type="checkbox"/> year	Starting Position Title	Ending/Current Position Title	
Date Left	Ending/Current Wage \$ _____ per: <input type="checkbox"/> hour <input type="checkbox"/> year	Supervisor Name & Title	Reason for Leaving	
Responsibilities:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:	

2. Name of Employer		Location (Address, City, State, Zip)		Phone
Date Started	Starting Wage \$ _____ per: <input type="checkbox"/> hour <input type="checkbox"/> year	Starting Position Title	Ending/Current Position Title	
Date Left	Ending/Current Wage \$ _____ per: <input type="checkbox"/> hour <input type="checkbox"/> year	Supervisor Name & Title	Reason for Leaving	
Responsibilities:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:	

3. Name of Employer		Location (Address, City, State, Zip)		Phone
Date Started	Starting Wage \$ _____ per: <input type="checkbox"/> hour <input type="checkbox"/> year	Starting Position Title	Ending/Current Position Title	
Date Left	Ending/Current Wage \$ _____ per: <input type="checkbox"/> hour <input type="checkbox"/> year	Supervisor Name & Title	Reason for Leaving	
Responsibilities:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:	

### Other History

<p>Have you ever been fired from a position or otherwise asked to resign?  <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:</p> <p>Have you had any employment that is not listed on the previous page?  <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain.</p>	<p>Please describe any military service you had, including dates:</p>
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### Cover Letter

Please include with your application a cover letter, or general letter of interest, that details any special skills, training, and/or experiences you have had that contributes to your application. Please also include why you are interested in working with OEC.

### References

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Give name, address & telephone of **three** professional references that are not related to you.

Name	Address	Phone
1.		
2.		
3.		

### Applicant Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I realize that any misrepresentation in the information submitted or any intentional withholding of essential information called for in this form may result in my immediate dismissal.

I understand that the filling of this application with OEC is a preliminary step to employment. It does not obligate OEC to offer employment, or the applicant to accept employment. An offer of employment, if made, is contingent upon receiving satisfactory background and reference checks as authorized by this statement and any other attachments. I understand that if I receive a contingent offer of employment and I accept the position, I may be required to complete additional information necessary for record keeping requirements. I agree to abide by all OEC policies and procedures as outlined within OEC policies, memos, handbooks, and other documents.

I authorize OEC to check all references from current and previous employers and other references that may be relevant to my employment or my ability to perform the job for which I have applied. I authorize OEC and/or its agents to verify any of the information furnished in this application and other background information deemed appropriate by OEC.

By signing this application, I authorize all persons, schools, and companies and law enforcement authorities and agencies to release any information concerning my background that may be relevant to evaluation of this employment application and I hereby release any such persons, schools, companies, and law enforcement authorities and agencies from any liability for damages whatsoever for issuing this information to OEC or its agents. OEC will keep all such information confidential except where such information is required to be released by law, order of a court or other authority, or by any contractual agreement.

I understand and hereby acknowledge that any employment relationship with OEC is at will, which means that, if I am hired, my employment with OEC is not for a fixed period of time and that I may resign at any time and OEC may terminate my employment and compensation at any time. I further agree that this at will employment relationship may not be changed by any written document or by conduct of any OEC employee or official.

Applicant Signature		Parent/Guardian Signature (if under the age of 18)	
Print Name	Date	Print Name	Date

*Thank you for completing your OEC application; we appreciate your interest!*

*Send application, resume and cover letter documents by e-mail to [onondagaeearthcorps@gmail.com](mailto:onondagaeearthcorps@gmail.com)*

*Send materials by USPS mail to OEC/100 New St, Rm 239 | Syracuse, NY 13202.*

*Hand delivered applications can go to OEC office at SUNY Educational Opportunity Center, Rm 239 | 100 New St. | Syracuse NY, 13202*