



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.

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 Position Title:	Have you been previously employed by OEC? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when? _____ What position? _____
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	Have you ever applied for employment with OEC? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, month and year: _____
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	

Name: _____ Date: _____

Employment History

Begin with your most current or recent position. Although a resume may be attached, you must complete this section. 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:	

4. 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:	

If you have done any **un-paid volunteer** work that is relevant to the job you are applying for, please list the details here. We will consider this as experience when evaluating your applicability for employment:

Other History

Have you ever been fired from a position or otherwise asked to resign? No Yes If yes, please explain:

Have you had any employment that is not listed on the previous page? No Yes If yes, please explain.

Please describe any military service you had, including dates:

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		<input type="checkbox"/> None <input type="checkbox"/> List: GPA _____	
College		<input type="checkbox"/> None <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor GPA _____	
Graduate Studies		<input type="checkbox"/> None <input type="checkbox"/> Master <input type="checkbox"/> Other (explain) GPA _____	
Other			

Training

Please describe any training you have had that would be relevant to the job for which you are applying:

Special Skills

Please list any skills or accreditations you possess that are not reflected elsewhere in this application:

Tell us why you want to work for Onondaga Earth Corps (OEC) and why we should interview you

Name: _____ Date: _____

Please list any relevant hobbies or anything that you think will help us with our selection process.

Such as outdoor experience, leadership roles, etc.

Additional Information

Please share any additional information you think will be helpful for us to make our selection.

References

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	Print Name
Date	Date

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

You will also need to submit a cover letter and resume to complete your application. Send documents by e-mail to onondagaeearthcorps@gmail.com. Mail to OEC/102 W. Division St. 3rd Fl | Syracuse, NY 13204. Hand deliver to OEC office at SUNY Educational Opportunity Center, Rm 230 | 100 New St. | Syracuse NY, 13202