



COMMUNITY ACTION OF GREENE COUNTY, INC.

EMPLOYMENT APPLICATION

APPLICANT INFORMATION						
Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City			State		ZIP	
Phone			E-mail Address			
Date Available			Social Security No.			Desired Salary
Position Applied for						
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?			
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain			

If you are under 18, can you furnish a work permit? Y N Date available for work: _____

EDUCATION					
High School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	

Responsibilities

From	To	Reason for Leaving
------	----	--------------------

May we contact your previous supervisor for a reference? YES NO

Company		Phone ()	
---------	--	-----------	--

Address		Supervisor	
---------	--	------------	--

Job Title	Starting Salary \$	Ending Salary \$	
-----------	--------------------	------------------	--

Responsibilities

From	To	Reason for Leaving
------	----	--------------------

May we contact your previous supervisor for a reference? YES NO

Company		Phone ()	
---------	--	-----------	--

Address		Supervisor	
---------	--	------------	--

Job Title	Starting Salary \$	Ending Salary \$	
-----------	--------------------	------------------	--

Responsibilities

From	To	Reason for Leaving
------	----	--------------------

May we contact your previous supervisor for a reference? YES NO

Are you able to perform the essential functions of the job for which you are applying? (with or without reasonable accommodation) Y N
 Need more information about the job's "essential functions" to respond. Y

MILITARY SERVICE

Branch	From	To
--------	------	----

Rank at Discharge	Type of Discharge
-------------------	-------------------

If other than honorable, explain

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
-----------	------