## **EMPLOYMENT APPLICATION**

Please complete the entire application.

1. Employer Information

| Employer:       | United We Stand CAC, Inc. |
|-----------------|---------------------------|
| Address:        |                           |
| City/State/ZIP: | Newark, New York 14513    |
| Telephone:      | 3159094730                |

It is the policy of United We Stand CAC, Inc. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

2. Applicant Information

| Applicant Full Name:                        |                    |
|---|--------------------|
| Home Address:                               |                    |
| City/State/ZIP:                             |                    |
| Number of years at this address:            |                    |
| Daytime phone:                              | _ Evening phone:   |
| Mobile phone:                               | _                  |
| Social Security Number:                     |                    |
| Driver's License (State/Number):            |                    |
| 3. Emergency Contact                        |                    |
| Who should be contacted if you are involved | d in an emergency? |
| Contact Name:                               |                    |
| Relationship to you:                        |                    |
| Address:                                    |                    |
| City/State/ZIP:                             |                    |
| Daytime phone:                              | _ Evening phone:   |
|   |                    |
| 5. Salary Desired: \$                       | per                |

| Who referred you to our company?<br>Do you have any friends or relatives who work      |                      | se list here:      |
|--|----------------------|--------------------|
| Have you applied to our company previously?<br>If yes, when?                           |                      | No                 |
| Are you at least 18 years old?   | Yes _                | No                 |
| If you are offered employment, when would yo   | ou be available to b | egin work?         |
| If hired, are you able to submit proof that you a employment in the United States? Yes | 0.0                  | for<br>No          |
| Are you able to perform the essential functions or without reasonable accommodation?   | 5 1                  | 1 you seek v<br>No |
| What reasonable accommodation, if any, woul  | ld vou request?      |                    |

12. Applicant's Skills

Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

|       |  |                     | Ability |
|-------|--|---------------------|---------|
|       |  |                     | or      |
| Skill |  | Years of Experience | Rating  |
| []    | Typing                                     |                     | 12345   |
| []    | Microsoft Office Suite (Word, Excel, etc.) |                     | 12345   |
| []    | Filing                                     |                     | 12345   |
| []    | Customer service                           |                     | 12345   |
| []    | Advocacy                                   |                     | 12345   |
| []    | Community outreach                         |                     | 12345   |
| []    | Administrative skills                      |                     | 12345   |
| []    | Other (please list)                        |                     | 12345   |
|       |  |                     | 12345   |
|       |  |                     | 12345   |

## 13. Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

| Employer Name:               |                         |      |                                       |    |
|------------------------------|-------------------------|------|---------------------------------------|----|
| Supervisor Name:             |                         |      |                                       |    |
| Address:                     |                         |      |                                       |    |
| City/State/ZIP:              |                         |      |                                       |    |
| Job Duties:                  |                         |      |                                       |    |
| Reason for Leaving:          |                         |      |                                       |    |
| Dates of Employment (I       |                         |      |                                       |    |
|                              |                         |      |                                       |    |
| Employer Name:               |                         |      |                                       |    |
| Supervisor Name:             |                         |      |                                       |    |
| Address:                     |                         |      |                                       |    |
| City/State/ZIP:              |                         |      |                                       |    |
| Job Duties:                  |                         |      |                                       |    |
|                              |                         |      |                                       |    |
| Dates of Employment ()       | Month/Year):            |      |                                       |    |
| Employer Name                |                         |      |                                       |    |
| Employer Name:               |                         |      |                                       |    |
| Supervisor Name:<br>Address: |                         |      |                                       |    |
|                              |                         |      |                                       |    |
| City/State/ZIP:              |                         |      |                                       |    |
| Job Duties:                  |                         |      |                                       |    |
|                              |                         |      |                                       |    |
| Dates of Employment ()       | Month/Year):            |      |                                       |    |
| 14. Applicant's Edu          | cation and Training     |      |                                       |    |
| in inprivanto Lua            |                         |      |                                       |    |
| College/University Nan       | ne and Address          |      |                                       |    |
| Did you receive a degree     |                         | No   | If yes, degree(s) receive             | ۰h |
| Dia you receive a degre      | 105 _                   | 110  |                                       | u. |
|                              |                         |      |                                       |    |
| High School/GED Nam          | ne and Address          |      |                                       |    |
| Did you receive a degree     | ee? Yes                 | No   | · · · · · · · · · · · · · · · · · · · |    |
| ,                            |                         |      |                                       |    |
| Other Training (graduate     | e, technical, vocationa | ıl): |                                       |    |

Please indicate any current professional licenses or certifications that you hold:

Awards, Honors, Special Achievements:

## 15. References

List any two non-relatives who would be willing to provide a reference for you.

| Name:           | <br> |   |
|-----------------|------|---|
| Address:        | <br> |   |
| City/State/ZIP: | <br> |   |
| Telephone:      | <br> | _ |
| Relationship:   | <br> | - |
| Name:           | <br> |   |
| Address:        | <br> |   |
| City/State/ZIP: | <br> |   |
| Telephone:      | <br> | _ |
| Relationship:   | <br> | _ |

16. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

## CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize United We Stand CAC, Inc. to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE