



ALBANY COMMUNITY ACTION PARTNERSHIP (ACAP) EMPLOYMENT APPLICATION

THE POWER OF CHANGE

Applicant Name : _____

Position Applying For: _____

Date Submitted : _____

For information on any positions currently available, please visit www.albanycap.org

*Send Original Application to Human Resources via
Email to HR@albanycap.org or to 333 Sheridan Avenue, Albany, NY 12206
Only selected candidates will be contacted for interview.*

We are an Equal Opportunity Employer and consider all applications without regard to race, color, religion, gender, sexual orientation, national origin, age, physical/mental disability, genetic information, predisposition or carrier status, marital status, military or veteran status, domestic violence victim status, or any other legally protected status or class. Applicants requiring reasonable accommodation to participate in the application and/or interview process are encouraged to contact Human Resources. This application will be considered active for a 90 day period of time.

FOR AGENCY USE ONLY																																			
Interview Cycle <input type="checkbox"/> Approved for Interview <input type="checkbox"/> Not Approved: _____																																			
Date Contacted: _____		Interview Date: _____		Time: _____																															
		2 nd Interview Date: _____		Time: _____																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Interviewer Name</th> <th style="width: 20%;">Date</th> <th style="width: 10%;">Initials</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td></tr> <tr><td>5.</td><td></td><td></td></tr> </tbody> </table>			Interviewer Name	Date	Initials	1.			2.			3.			4.			5.			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">References Check</th> <th style="width: 20%;">Date</th> <th style="width: 10%;">Initials</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td></tr> </tbody> </table>			References Check	Date	Initials	1.			2.			3.		
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Orientation Date: _____																																			
Start Date: _____																																			
Interview <input type="checkbox"/> Confirmation Email <input type="checkbox"/> Calendar <input type="checkbox"/> Interview Space Reserved			Hiring <input type="checkbox"/> References Completed <input type="checkbox"/> Sent Orientation Email <input type="checkbox"/> New-Hire Update <input type="checkbox"/> Pay Rate: _____																																

Albany Community Action Partnership

Employment Application

PRINT CLEARLY. This application must be completed & signed personally by the applicant. Answer each question in full. **Incomplete applications will not be processed.** If answer is NO or NONE, please indicate.

BIOGRAPHICAL DATA	Name (First, Middle, Last):		Last Four Digits of Your Social Security Number: XXX-XX-____		
	Address:		Phone Number:		
	City:	State:	Zip:	Alternate Phone Number:	
	E-mail Address:		Position Applying For:		
	Date available to begin work:		Salary Desired:		
	Are You 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are You Available: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		
	How Were You Referred to ACAP? <input type="checkbox"/> Internet - website: _____ <input type="checkbox"/> Employee Referral - Name: _____ <input type="checkbox"/> Other (explain) _____				
	Have you previously been employed with ACAP? If Yes, give dates: From _____ To _____				<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever applied for a position with ACAP? If Yes, when: _____ what position: _____				<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are any of your relatives employed with us? If Yes, name & relationship: _____				<input type="checkbox"/> Yes <input type="checkbox"/> No
(1) Are you legally authorized to work in the United States?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
(2) Will you now or in the future require sponsorship for employment visa status (for example, H-1B visa status)?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you perform the essential functions of the position for which you are applying with or without reasonable accommodation?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
EDUCATION	Type of School	Name and Location of School	Years Completed	Diploma/Degree Type & Course of Study	
	High School				
	College				
	Other				
SKILLS	Computer and Software Skills:				
	List any additional skills, technical or professional training or knowledge that you feel would support your application:		List any certificates, licenses or professional achievements that would support your qualifications for employment:		
Present/Last Employer - Please give contact information for all employers. Use additional sheets if necessary					
Name of Employer			Phone Number		
Address	City	State	Zip	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employment Start Month/Year		End Month/Year			
Title of Position		Name and Title of Supervisor:			
Description of duties, responsibilities and significant accomplishments:			Reason for Leaving:		

Next Previous Employer			
Name of Employer			Phone Number
Address	City	State	Zip
			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employment Start Month/Year		End Month/Year	
Title of Position		Name and Title of Supervisor:	
Description of duties, responsibilities and significant accomplishments:			Reason for Leaving:

Next Previous Employer			
Name of Employer			Phone Number
Address	City	State	Zip
			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employment Start Month/Year		End Month/Year	
Title of Position		Name and Title of Supervisor:	
Description of duties, responsibilities and significant accomplishments:			Reason for Leaving:

Explain and give details for any period(s) in which you were unemployed for more than 30 days:

Military Experience			
U.S. Military Branch	Active Duty Entry Date	Discharge Date	Training or Specialty

Professional / Personal References (2 professional, 1 personal – no relatives or former supervisors)				
By listing them below, you authorize us to contact them.				
Name/Occupation	Address	E-mail	Phone Number(s)	Years Known
1.				
2.				
3.				

I hold harmless any company or individual furnishing information regarding my employment or personal background that may be used in connection with this application for employment. I certify that the information provided herein, on attached sheets and/or incorporated by reference and all other information I provide during the hiring process is true, accurate and complete. I understand and agree that any false information, misrepresentations, or omissions may be cause for rejection of my application, or termination of employment if discovered at any time following employment, regardless of the timing or circumstances of discovery.

I authorize Albany Community Action Partnership or any of its subsidiaries to investigate all statements contained in this application or furnished elsewhere, as necessary in arriving at an employment decision. I also authorize the persons, schools, past and current employers (if approved) and other organizations or employers named in this application to provide Albany Community Action Partnership and its representatives with any relevant information that may be required to arrive at an employment decision. I hereby indemnify, release and forever discharge and hold Albany Community Action Partnership, its agents and all persons, companies, or corporations, supplying this information harmless from any and all claims, demands, judgments, and legal fees arising out of or in connection with this investigation, the results, or any lawful use of the results or disclosure thereto.

I understand that if employed I am required to abide by all rules and regulations of Albany Community Action Partnership I understand and agree that if hired my employment with Albany Community Action Partnership is "at-will" and is for no definite period and may be terminated at any time, with or without any prior notice. I also understand that no employer representative has the authority to enter into an employment contract, guarantee employment for a specified period, or modify any of the foregoing, other than in a written document signed by Albany Community Action Partnership's Executive Director or Board President. Any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee

Date: _____ **Applicant Signature:** _____

Conviction Record Status

All applicants must, as a condition of employment, disclose all criminal convictions. In accordance with applicable law, the organization reserves the right to reject individuals for employment based on job-related convictions. Please note that a "yes" answer to this question does not necessarily disqualify an applicant from employment with the organization. Each case is considered and evaluated on its individual merits in relation to the duties and responsibilities of the position.

Have you ever been convicted of or pled guilty to a felony, misdemeanor, or violation or other crime (other than a traffic violation)?

Do not answer "yes" for any conviction for which the record has been judicially ordered sealed, expunged, or statutorily eradicated.

Yes No

(if yes, provide all relevant details below including the circumstances of your conviction(s), indicating date(s), court location(s), nature and place of the offense, disposition of the case and rehabilitation completed)

Date	County/State	Circumstances/Conviction/Rehabilitation/Additional Details/Use Additional Pages as Needed
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Date: _____

Applicant Signature: _____



ALBANY COMMUNITY ACTION PARTNERSHIP
Voluntary Self-Identification Form

THE POWER OF CHANGE

In an effort to track our Affirmative Action and Equal Employment Opportunity Program and to develop goals to ensure our ongoing compliance, Albany Community Actions Partnership has developed this **voluntary** self-identification form. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws and regulations.

Name : _____

Position Applied For : _____

I do not wish to supply this information I will supply the requested information as follows:

Please check any/all that apply:

I am: Male Female

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

If you did not check "Hispanic or Latino" above, please select one of the following race/ethnic identifications.

White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino). A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.