



APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, ancestry, national origin, age, sex, sexual orientation, disability, marital status or veteran status.

PLEASE PRINT

Position(s) Applied For		Date of Application	
How did you hear about the position?			
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Home Telephone Number	Work Telephone Number	Cell Phone	Email Address

Are you applying for: Full Time Part Time Seasonal Temporary Any Available

If you are less than 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever been employed with us before? If Yes, give date(s) _____

Are you currently employed? Yes No If Yes, may we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes No (*Proof of citizenship or immigration status will be required upon employment.*)

Have you ever plead guilty to, or been convicted of, a felony? Have you ever been convicted of, or plead guilty to, a misdemeanor involving dishonesty, a threat of harm or actual violence towards person or property?

Yes No (*An affirmative answer does not necessarily disqualify an applicant from employment.*) If Yes, please explain:

EDUCATION

	School Name/Location	Years Completed	Diploma/Degree
High School (or G.E.D.)			
Undergraduate College			
Graduate			
Other			

SKILLS

Describe any specialized training, skills, or extra-curricular activities that you feel would benefit you in this position.
Training:
Describe your computer skills:
Specialized Machinery/Equipment Experience:
Summarize any special job-related skills and qualifications acquired from employment or other experience.
State any additional information you feel may be helpful to us in considering your application.

EMPLOYMENT EXPERIENCE

1. Employer _____
Address _____ Phone Number _____
Position(s) Held _____
Employment Dates From _____ To _____ Most Recent Salary or Hourly Wage \$ _____
Supervisor _____ Reason for Leaving _____

2. Employer _____
Address _____ Phone Number _____
Position(s) Held _____
Employment Dates From _____ To _____ Most Recent Salary or Hourly Wage \$ _____
Supervisor _____ Reason for Leaving _____

3. Employer _____
Address _____ Phone Number _____
Position(s) Held _____
Employment Dates From _____ To _____ Most Recent Salary or Hourly Wage \$ _____
Supervisor _____ Reason for Leaving _____

4. Employer _____
Address _____ Phone Number _____
Position(s) Held _____
Employment Dates From _____ To _____ Most Recent Salary or Hourly Wage \$ _____
Supervisor _____ Reason for Leaving _____

5. Employer _____
Address _____ Phone Number _____
Position(s) Held _____
Employment Dates From _____ To _____ Most Recent Salary or Hourly Wage \$ _____
Supervisor _____ Reason for Leaving _____

REFERENCES

Name	Address	Daytime Phone #	Relationship

Please give us any other names you may have used while attending school or while previously employed so that we may check your references.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

This application for employment shall be active for a period of time not to exceed six months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Board of Directors of the Western Pennsylvania Conservancy.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I further understand that I am required to abide by all rules and regulations of the employer.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Applicant's Signature

Date

Applicant Printed Name: _____

Applicant Signature: _____

Date

EEO-1 Ethnic/Race Code - This voluntary information will be used for annual reporting purposes. This information will be kept confidential and not used in any employment decisions. You have the right to decline to self-identify. (see statement below **)

1. Ethnicity – Are you Hispanic or Latino (Y or N)

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

2. Race – What race or races do you consider yourself to be? If two or more, please check the two or more races choice.

 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. List: _____

 I decline to complete this information

**Western Pennsylvania Conservancy is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, WPC invites employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

PLEASE READ CAREFULLY

AUTHORIZATION AND CONSENT for RELEASE OF INFORMATION

Client: Western Pennsylvania Conservancy

I hereby authorize ASSET CONTROL, INC. (hereafter referred to as ACI) and any of its agents/contractors/designated Company Personnel, to disclose orally and in writing the results of this verification process and/or interview to the designated authorized representative of this Company (Western Pennsylvania Conservancy).

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers, personal references, and other organizations and Agencies to provide ACI, Inc and any of its agents/contractors with all information that may be requested, and to conduct a verification, as deemed necessary by this Company to fulfill the job requirements, with regard to my motor vehicle records, credit history, Workers Compensation Insurance Claims as allowed by EEOC and FCRA, and to receive any criminal history record information pertaining to me which may be in the files of any Federal, State, or Local criminal justice agency in Texas or any other States. I hereby release all of the persons and Agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original. All results will be proprietary and will be kept CONFIDENTIAL and disclosed orally and in writing only to the designated authorized representatives of this Company and its Clients.

I do hereby agree to forever release, discharge and indemnify ACI, Inc, and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information.

Print Name: _____

S.S.#: ____/____/____

Signature Date

D.O.B. ____/____/____

Maiden Name or other Names: _____

Street Address
How Long At This Address? _____

City/State/Zip

Previous Addresses: _____

For Official Use Only (do not write below this line)

Credit () SS Trace () Criminal () County (s) _____

Motor Vehicle () Employment () Education () Comp () Other _____