

APPLICATION FOR EMPLOYMENT

Allegany County Community Opportunities and Rural Development (ACCORD) Corporation

We consider applicants for all positions on the basis of qualifications without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability, sexual orientation, use of lawful products during non-work hours, or any other legally protected status.

GENERAL INFORMATION

How did you hear about this employment opportunity?				
Last Name	First Name	Middle Initial	Phone	
Present Address (Mailing Address)	(City)	(State)	(Zip)	Length of Residency
Previous Address (Mailing Address)	(City)	(State)	(Zip)	Length of Residency
E-Mail Address	Are you legally authorized to Work in the U.S.? ☐ Yes ☐ No If hired, can you provide proof of Age 18+? ☐ Yes ☐ No Do you have reliable transportation to and from work? ☐ Yes ☐ No			

POSITION

Position Desired:	Employment Type Desired: ☐ Full-Time ☐ Part-Time ☐ Temporary
Salary Desired:	Date Available:
Able to perform essential job duties (with or without reasonable accommodation)? ☐ Yes ☐ No	
Have you ever previously been employed by ACCORD? ☐ Yes ☐ No If yes, please give dates and position:	

RECORD OF PREVIOUS EMPLOYMENT: Please list the names of your present or previous employers in chronological order with present or most recent employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, provide company name and attach business references.

Employer	Telephone Number	From (Month/Year)
Address		
Job Title	Number of Employees Supervised	To (Month/Year)
Specific Duties		Hours Per Week
		Supervisor
		May We Contact This Employer? ☐ Yes ☐ No
Reason For Leaving		
Employer	Telephone Number	From (Month/Year)
Address		
Job Title	Number of Employees Supervised	To (Month/Year)
Specific Duties		Hours Per Week
		Supervisor
		May We Contact This Employer? ☐ Yes ☐ No

Reason For Leaving		
Employer	Telephone Number	From (Month/Year)
Address		
Job Title	Number of Employees Supervised	To (Month/Year) Hours Per Week
Specific Duties		Supervisor
		May We Contact This Employer? ☐ Yes ☐ No
Reason For Leaving		
Employer	Telephone Number	From (Month/Year)
Address		
Job Title	Number of Employees Supervised	To (Month/Year) Hours Per Week
Specific Duties		Supervisor
		May We Contact This Employer? ☐ Yes ☐ No
Reason For Leaving		
Employer	Telephone Number	From (Month/Year)
Address		
Job Title	Number of Employees Supervised	To (Month/Year) Hours Per Week
Specific Duties		Supervisor
		May We Contact This Employer? ☐ Yes ☐ No
Reason For Leaving		

Have you ever been terminated or asked to resign from any job? ☐ Yes ☐ No

If yes, please explain circumstances: _____

Please fully explain any gaps in your employment history: _____

Please indicate any actual experience, special training and qualifications that you have which you feel are relevant to the position for which you are applying: _____

Have you ever used another name? ☐ Yes ☐ No

If yes, please provide other name(s) that you have used: _____

Is any additional information related to change of name, use of an assumed name, or nickname necessary to verify your work and educational record? ☐ Yes ☐ No

If yes, please explain: _____

Please state any additional information that you feel may be helpful to us in considering your application: _____

EDUCATION

School Name	Years Completed	Diploma / Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills and Extra-Curricular Activities
Elementary:	☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8			
High School:	☐ 9 ☐ 10 ☐ 11 ☐ 12			
College/University:	☐ 1 ☐ 2 ☐ 3 ☐ 4			
Graduate/Professional:	☐ 1 ☐ 2 ☐ 3 ☐ 4			
Trade or Correspondence:				
Other:				

REFERENCES

Professional References (2 Required)				
Name	Email	Phone Number	Relationship	Length of Time Known
Personal References (1 Required)				
Name	Email	Phone Number	Relationship	Length of Time Known

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant _____ Date _____

APPLICANT'S STATEMENT & AGREEMENT

In the event of my employment to a position at ACCORD Corporation, I will comply with all rules and regulations of said Corporation. I also understand that any offer of employment may be contingent upon the passing a physical examination. I consent to the disclosure of the results of any physical examination and related tests to ACCORD Corporation. I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated.

I understand that ACCORD Corporation may investigate my driving record and my criminal record and with the NYS Central Register on Child Abuse and Maltreatment and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, personal references, and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have the right to make a written inquiry within a reasonable period to receive additional detailed information about the nature and scope of this investigation. I further understand that ACCORD Corporation may contact my previous employers and I authorize those employers to disclose to ACCORD Corporation all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees and representatives, as well as other individuals who release information to ACCORD Corporation, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide ACCORD Corporation with any pertinent information they may have regarding myself.

I hereby state that all the information that I provided on this application or any other documents filled out in connection with my employment, and in any interview is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by ACCORD Corporation at any time and for any reason whatsoever, with or without good cause at the option of either ACCORD Corporation or myself. No implied, oral, or written agreements contrary to the express language of this agreement are valid unless they are in writing and signed by the Executive Director. No supervisor or representative of ACCORD Corporation, other than the Executive Director, has any authority to make any agreements contrary to the foregoing. This agreement is the entire agreement between ACCORD Corporation and the employee regarding the rights of said Corporation or the employee to terminate employment with or without good cause, and this agreement takes the place of all prior and contemporaneous agreements, representations, and understandings of the employee and ACCORD Corporation.

If you have any questions regarding this statement, please ask an ACCORD Corporation representative before signing. I hereby acknowledge that I have read the above statements and understand the same.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT

Signature of Applicant _____ Date _____