South Shore Community Action Council, Inc.

APPLICATION FOR EMPLOYMENT

DATE:_____ POSITION DESIRED:_____

_____
Last Name *First Name* *Middle Initial*

_____
Street Address *City* *State* *Zipcode*

HOME TELEPHONE:_____ MOBILE PHONE:_____ DATE AVAILABLE:_____

HOW DID YOU HEAR ABOUT SSCAC?: ☐ SSCAC EMPLOYEE_____ ☐ NEWSPAPER ☐ AGENCY

☐ CAREER FAIR ☐ WEB POSTING ☐ OTHER_____

ARE YOU OVER 18 YEARS OF AGE?..... ☐ YES ☐ NO

ARE ANY OF YOUR RELATIVES EMPLOYED AT SSCAC?..... ☐ YES ☐ NO

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.?..... ☐ YES ☐ NO

If hired, you will be required to complete an I-9 Form.

HAVE YOU BEEN PREVIOUSLY EMPLOYED BY THIS COMPANY?..... ☐ YES ☐ NO

DATES:_____ POSITION HELD:_____

EDUCATION

_____
College Name *City, State* *Degree or Years Completed* *Major*

_____
College Name *City, State* *Degree or Years Completed* *Major*

_____
High School Name *City, State* *Degree or Years Completed* *Major*

EMPLOYMENT HISTORY

YOU MAY INCLUDE VOLUNTEER WORK

EMPLOYER:_____ POSITION HELD:_____

_____
Employer Street Address *City* *State* *Zipcode*

MANAGER:_____ DATES EMPLOYED:_____ STARTING/ENDING SALARY:_____

REASON FOR LEAVING:_____

KEY RESPONSIBILITIES:_____

EMPLOYER:_____ POSITION HELD:_____

_____
Employer Street Address *City* *State* *Zipcode*

MANAGER:_____ DATES EMPLOYED:_____ STARTING/ENDING SALARY:_____

REASON FOR LEAVING:_____

KEY RESPONSIBILITIES:_____

EMPLOYER:_____ POSITION HELD:_____

_____
Employer Street Address *City* *State* *Zipcode*

MANAGER:_____ DATES EMPLOYED:_____ STARTING/ENDING SALARY:_____

REASON FOR LEAVING:_____

KEY RESPONSIBILITIES:_____

OTHER SPECIALIZED TRAINING OR SKILLS :_____

_____

PROFESSIONAL REFERENCES

_____
Reference Name *Title* *Company* *Telephone* *Relationship*

_____
Reference Name *Title* *Company* *Telephone* *Relationship*

_____
Reference Name *Title* *Company* *Telephone* *Relationship*

CERTIFICATION

I certify that the information provided on this application and accompanying resume **and other information provided** is true and complete. I **understand** that any omissions could disqualify me from further consideration for employment and **result in termination of employment at any time**.

I understand that this application is not an offer of employment from SSCAC, Inc.. If employed, I understand that employment is **"at will"** and can be terminated by the employee or SSCAC, Inc. at any time for any or no reason with or without notice.

I understand that SSCAC, Inc. requires certain information about me to evaluate my qualifications for employment. Therefore, I authorize the company to investigate my past employment, education credentials and other employment-related activities. I agree to cooperate in such investigations and release those parties supplying such information to the company from all liability or responsibility with respect to information supplied. I understand that if I am offered a job, final acceptance by SSCAC, Inc., is contingent upon satisfactory completion of a criminal offender record information background investigation.

SIGNATURE:_____ **DATE:**_____

Equal Opportunity/Affirmative Action Employer
Revised on 10/2011

FOOTNOTES TO THE APPLICATION FOR EMPLOYMENT

SSCAC, Inc. is an EEO/ADA Employer
Promoting Diversity in the Workplace

Lie Detector Tests

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

EEO/AFFIRMATIVE ACTION COMPLIANCE VOLUNTARY INFORMATION SHEET

SSCAC, Inc. requests that all applicants complete this form in order to comply with federal, and state requirements for record keeping, reporting, and other obligations. SSCAC, Inc., an Equal Opportunity/Employer, provides equal opportunities to all qualified individuals without regard to race, color, religion, sex, sexual orientation, national origin ancestry, age, disability, genetic information, veteran status, or any other legally protected characteristic. The data collected will be used for statistical purposes and to measure the effectiveness of our employment efforts. **The data is considered confidential and will not be part of your personnel file should you be hired at SSCAC, Inc.. Your decision to supply us with this information is strictly voluntary.**

Please Check The Appropriate Boxes And Complete All Applicable Entries:

DATE:_____ **POSITION DESIRED:**_____

GENDER: ☐ **MALE** ☐ **FEMALE**

_____

Last Name *First Name* *Middle Initial*

_____

Street Address *City* *State* *Zipcode*

Ethnic Origin (please check only one):

☐ Caucasian (All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)

☐ Black (All persons having origins in any of the Black racial groups of Africa)

☐ Hispanic (All persons of Mexican, Puerto Rican, Cuban, Central or Southern American or other Spanish culture of origin, regardless of race.)

☐ Asian or Pacific Islander (All persons having origins in any of the original peoples of the Far East, South East Asia, the Indian Sub-Continent, or the Pacific Islands. Including but not limited to China, India, Japan, Korea, the Philippines, and Samoa.)

☐ American Indian or Alaskan Native (All persons having origins in any of the original peoples of North America, and who have maintained cultural identification through tribal affiliation or community recognition.