



Lycoming-Clinton Counties Commission for Community Action (STEP) Inc.

Lincoln Street, P.O. Box 3568  
 Williamsport, PA 17701-8568 (570) 326-0587

**APPLICATION FOR EMPLOYMENT**

We consider applicants for positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Position for which Applied:

Date of Application:

Last Name	First Name	Middle Initial	Phone
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Street Address

City, State, Zip

Are you legally eligible for employment in the United States?  Yes  No  
 (Proof of citizenship or immigration status will be required for completion of 1-9 upon employment)

Do you have a means to regularly travel within Lycoming & Clinton Counties if a position requires?  Yes  No

	Jr./Sr. High School	Undergraduate College/ University	Graduate/ Professional	Trade/Technical
School Name & Address				
Years Completed	8 9 10 11 12	1 2 3 4	1 2 3 4	
Diploma/ Degree				
Describe Course of Study				

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

Typing:  No  Yes WPM \_\_\_\_\_ Word Processing:  No  Yes

Equipment you can operate or special skills \_\_\_\_\_

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**EMPLOYMENT - List below all present and past employment, starting with your most recent.**  
(If you need more space, please use additional paper.)

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Dates From: To: May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> Reason _____	Name of Employer	Position or Title
	Street Address	Describe Your Duties
	City State Zip	
	Telephone No.	
	Supervisor	Reason for leaving

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Dates From: To: May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> Reason _____	Name of Employer	Position or Title
	Street Address	Describe Your Duties
	City State Zip	
	Telephone No.	
	Supervisor	Reason for leaving

Dates From: To: May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> Reason _____	Name of Employer	Position or Title
	Street Address	Describe Your Duties
	City State Zip	
	Telephone No.	
	Supervisor	Reason for leaving

**VOLUNTEER EXPERIENCE**

Dates From: To: May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> Reason _____	Agency	Position or Title
	Street Address	Describe Your Duties
	City State Zip	
	Telephone No.	
	Supervisor	

STEP, Inc. may contact the employers listed above unless indication is given otherwise.

**COMPLETE THIS SECTION IF YOU HAVE SERVED IN THE U.S. ARMED FORCES.**

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Branch of Service	Describe your duties and any special training
Period of Active Duty (month & year)	
Date of Final Discharge	

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Professional Registration/Certification (If applicable to position for which applied)	License/Certification No. (such as Class IV license)	State or Agency
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Positions that require special registration or certification – Proof of above will be required upon hire.

For positions that require an Act 33 clearance, do you currently have such documentation from the Pennsylvania Department?

No       Yes      If Yes, please provide a copy of your clearance with this application or proof of applications for clearance. (Proof of application or actual clearance will be required prior to hire.)

List professional, trade, business or civic activities and offices held.

You may exclude memberships, which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

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Please add any information you feel would be beneficial to STEP, Inc. in evaluating your application:

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**REFERENCES**

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

I certify that I have not knowingly withheld any facts or circumstances that would detrimentally affect this application. It is agreed that any misrepresentation by me in this application will be sufficient cause for cancellation or for dismissal from service if I am employed.

I hereby authorize STEP, Inc. to contact my former employers or volunteer agencies unless otherwise indicated to make inquiries regarding my work record, and/or to contact listed schools for the release of records and transcripts.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## VOLUNTARY SURVEY

The completion of this survey by you is voluntary. The purpose of this survey is for STEP to gather sufficient information in order to comply with governmental record keeping, reporting and other legal requirements.

All applicants are considered for employment without regard to race, color, and religion. sex. national origin, age, marital or veteran status, non-job

related handicap, or any other legally protected status.

If you choose to volunteer the requested information, please note that this Survey will be separated from the application before the application is reviewed. The Survey is then kept in a confidential file. **This Form will not be considered a part of your application for employment.**

### **THE INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

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NAME: \_\_\_\_\_ YEAR OF BIRTH: \_\_\_\_\_

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How do you describe yourself Check the two that best apply.

\_\_\_\_\_ Female

\_\_\_\_\_ Male

\_\_\_\_\_ Black (Not of Hispanic origin): Persons having origins in any of the black racial groups of Africa.

\_\_\_\_\_ Hispanic: Persons of Mexican. Puerto Rican. Cuban, Central or South American of other Spanish culture or origin, regardless of race.

\_\_\_\_\_ White (Not of Hispanic origin): Persons having origins in any of the original peoples of Europe, North America, or the Middle East.

\_\_\_\_\_ American Indian or Alaskan Native: Persons having origins in any of the original people of North America, and who maintain cultural identification through tribal affiliation or community recognition.

\_\_\_\_\_ Asian or Pacific Islander: Persons having origins in any of the original people of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes for example, China, Japan, Korea. the Philippine Island, and Samoa.

\_\_\_\_\_ Other (Please Specify)

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Would you describe yourself as handicapped? \_\_\_\_\_ Yes \_\_\_\_\_ No

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Position for which you are applying \_\_\_\_\_

Date of your application: \_\_\_\_\_

How did you first learn of this position opening? Please check only one!

\_\_\_\_\_ Payroll Notice

\_\_\_\_\_ Notice to Head Start Parents

\_\_\_\_\_ STEP Board Member(s) or STEP staff person

\_\_\_\_\_ County Employment Office

\_\_\_\_\_ County Assistance Office

\_\_\_\_\_ College Placement Office

\_\_\_\_\_ Community Organization - Please specify: \_\_\_\_\_

\_\_\_\_\_ Friend/Relative not from any of the above categories.

\_\_\_\_\_ Newspaper Advertisement

\_\_\_\_\_ Other - Please specify: \_\_\_\_\_

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