



**Lycoming-Clinton Counties Commission for Community Action (STEP) Inc.**  
 2138 Lincoln Street  
 Williamsport, PA 17701 (570) 326-0587  
 Fax: (570) 322-2197



**APPLICATION FOR AMERICORPS**

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.

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**Date of application:** \_\_\_\_\_

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Alternate Phone

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

Do you have a means to regularly travel to service site?  Yes  No  Not applicable

Do you have a valid driver's license?  Yes  No

All positions require an Act 33 and Criminal History clearance; do you have current (within last 12 months) documentation?  
 Childline Clearance  Yes  No  not applicable

Criminal Record Check from PA State Police (SP164) or FBI if not a PA resident?  Yes  No  Not applicable

(Actual clearance will be required prior to placement.)

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|                                  | Jr./Sr. High School | Undergraduate | Graduate/Professional | Trade/Technical |
|----------------------------------|---------------------|---------------|-----------------------|-----------------|
| <b>School Name &amp; Address</b> |                     |               |                       |                 |
| <b>Years Completed</b>           | 8 9 10 11 12        | 1 2 3 4       | 1 2 3 4               |                 |
| <b>Diploma/ Degree</b>           |                     |               |                       |                 |
| <b>Describe Course Of Study</b>  |                     |               |                       |                 |

Describe any specialized training or apprenticeship: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT** – List below all present and past employment, starting with your most recent.

(If you need more space, please use additional paper or make a copy of this page. Please complete all items in each section.)

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

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

**VOLUNTEER EXPERIENCE**

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

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

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

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

|  |   |                 |
|--|---|-----------------|
| Professional Registration/Certification<br>(if applicable to position for which applied) | License/Certification No.<br>(such as Class IV license) | State or Agency |
|--|---|-----------------|

Positions that require special registration or certification – Proof of above will be required upon placement.

Keyboarding Skills: \_\_\_\_\_ WPM \_\_\_\_\_

List equipment you can operate or special skills including computer background: \_\_\_\_\_

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List professional, trade, business, offices held, civic and/or extra curricular activities. (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, disability 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 of a placement offer or for dismissal from service if I am placed.

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 placement without regard to race, color, religion, sex, national origin, age, marital or veteran status, non-job related disability, 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 placement.**

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

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

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)

Would you describe yourself as a person with a disability? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date of your application:

How did you first hear about AmeriCorps? **Please check only one!**

\_\_\_\_\_ AmeriCorps representative  
(service/career fair, conference, information session)

\_\_\_\_\_ Armed Forces

\_\_\_\_\_ Current or former AmeriCorps member

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

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

\_\_\_\_\_ CareerLink

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

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

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

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

\_\_\_\_\_ Internet/Listserv/E-mail

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

\_\_\_\_\_ Radio Story

\_\_\_\_\_ Television advertisement

\_\_\_\_\_ Poster at school

\_\_\_\_\_ College guidance office/Placement office

\_\_\_\_\_ High School guidance counselor

\_\_\_\_\_ Peace Corps

\_\_\_\_\_ Radio advertisement

\_\_\_\_\_ Received information in the mail

\_\_\_\_\_ Television news story

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

*Thank You!*