



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

2020-2021



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

How did you hear about STEP AmeriCorps? _____

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-Childline, Criminal History and FBI clearance; do you have current (within 30 days of your application date) documentation?

Childline Clearance Act 33

☐ Yes ☐ No

FBI clearance

☐ Yes ☐ No

Criminal Record Check from PA State Police (SP164)

☐ Yes ☐ No

OR Clearance from state of residence

☐ Yes ☐ No

(Actual clearance will be required prior to placement.)

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School Name & Address	Jr./Sr. High School	Undergraduate	Graduate/Professional	Trade/Technical
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 or apprenticeship: _____

EMPLOYMENT – List below all present and past employment, starting with your most recent. Please complete all items in each section. (If you need more space, please use additional paper or make a copy of this page.)

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

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

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

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

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 placement.

Keyboarding Skills: _____ WPM: _____

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

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.):

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

REFERENCES

Please give the 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!