



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

We consider applications 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.

Form fields for personal information: Date of Application, Last Name, First Name, Middle Initial, Street Address, Home Phone, City, State, Zip, Cell Phone, Email Address, Alternate Phone.

How did you hear about STEP AmeriCorps? _____

Are you legally eligible for employment in the United States? o Yes o No
(Proof of citizenship or immigration status will be required for enrollment)

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

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

All positions require a Criminal History, Child Abuse and FBI clearance; do you have current (within 30 days of your application date) documentation?
PA State Police Criminal Record Check o Yes o No
OR Clearance from state of residence o Yes o No
PA Child Abuse Clearance o Yes o No
FBI Fingerprint Clearance o Yes o No

(Actual clearance will be required prior to placement)

Table with 5 columns: School Name & Address, Jr./Sr. High School, Undergraduate, Graduate/Professional, Trade/Technical. Rows include Years Completed, Diploma/Degree, and 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 section.

| | | |
|---|--|----------------------|
| Dates From: To: May we contact? <input type="radio"/> Yes <input type="radio"/> No 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? <input type="radio"/> Yes <input type="radio"/> No 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? <input type="radio"/> Yes <input type="radio"/> No Reason: _____ _____ _____ _____ | Agency | 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? <input type="radio"/> Yes <input type="radio"/> No Reason: _____ _____ _____ _____ | Agency | 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 any 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 |
|--|---|-----------------|

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

Keyboarding Skills: _____ WPM: _____

List of 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 AmeriCorps in evaluating your application:

REFERENCES: Please give the name and phone number of three references; two of which must be professional references, one of which can be a personal reference who is not related to you. Please mention your connection to each reference as well.

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 AmeriCorps 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, Inc. to gather sufficient information 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, info. 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 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!