

APPLICATION FOR AMERICORPS

2023-2024

<u>STEP AmeriCorps</u> 2140 Boyd St, Williamsport, PA 17701 Phone: (570) 601-9672 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.

| | | | | Date of Application | |
|--|--------------|--------------|-------|---------------------|--|
| Last Name Fi | rst Name | | | Middle Initial | |
| Street Address | | | | Home Phone | |
| City, State, Zip | | | | Cell Phone | |
| Email Address | | | | Alternate Phone | |
| How did you hear about STEP AmeriCorps? | | | | | |
| What is the best way to get in contact with you? | | D Phone call | □ Tex | rt message 🛛 Email | |
| Are you legally eligible for employment in the Uni (Proof of citizenship or immigration status will be required for e | | □ Yes | 🗌 No | | |
| Do you have a means to regularly travel to the se | ervice site? | □ Yes | 🗆 No | □ Not applicable | |
| Do you have a valid driver's license? | | □ Yes | 🗆 No | | |

| School Name & Address | Jr./Sr. High School | Undergraduate | Graduate/Professional | Trade/Technical |
|--------------------------------|---------------------|---------------|-----------------------|-----------------|
| Years Completed | 8 9 10 11 12 | | | |
| Diploma/ Degree | | | | |
| Describe Course of Study | | | | |

Describe any specialized training, certifications, or apprenticeships:

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 | Name of Employer | | | Position or Title |
|-----------------|------------------------------|-------|-----|----------------------|
| From: | | | | |
| To: | Street Address | | | Describe your Duties |
| May we contact? | City | State | Zip | |
| Reason: | Telephone No. | | | |
| | E-mail Address Supervisor | | | Reason for leaving |
| | | | | |

| Dates | Name of Employer | | | Position or Title |
|-----------------|------------------------------|---------------|-----|----------------------|
| From: | - | | | |
| To: | Street Address | | | Describe your Duties |
| May we contact? | City | State | Zip | |
| Reason: | Telephone No. | Telephone No. | | |
| | E-mail Address Supervisor | | | Reason for leaving |
| | | | | |

| Dates | Name of Employer | | | Position or Title |
|-----------------|---------------------------------|------------|-----|----------------------|
| From: | | | | |
| To: | Street Address | | | Describe your Duties |
| May we contact? | City | State | Zip | |
| Reason: | Telephone No. E-mail Address | | | |
| | | | | Reason for leaving |
| | Supervisor | Supervisor | | |

VOLUNTEER EXPERIENCE:

| Dates | Agency | | | Position or Title |
|-----------------|----------------|-------|-----|----------------------|
| From: | - | | | |
| To: | Street Address | | | Describe your Duties |
| May we contact? | City | State | Zip | |
| Reason: | 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/Certificatio | 5 1 |

| | (if applicable to position for which applied) | (Such as class iv license) | |
|---|---|----------------------------|--|
| l | | | |
| | | | |
| | | | |
| | | | |

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

What type of position are you interested in applying for?

Part-Time Hours

□ Summer Position

On a scale of 1 to 5, how would you rate your familiarity with computers when completing tasks such as: sending and receiving emails, creating accounts online to access trainings, entering and submitting timesheets, and creating and editing Word documents.

| □ 1 | 2 | □ 3 | 4 | □ 5 |
|---------------|---|-----|---|--------------------|
| No experience | | | | Lots of Experience |

List equipment you can operate or special skills including computer background (examples: heavy machinery operation, computer coding, experience with programs like Photoshop, etc.):

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 indicate areas in which you have had significant training or experience which resulted in working knowledge or a high level of performance.

| Computers | Public Speaking |
|---------------------------------|-------------------------------------|
| Communications / Journalism | □ Social Services |
| Counseling | Teaching / Tutoring |
| Child Care / Child Development | Coaching / Working with Youth |
| Health / Nursing | Foreign Languages |
| Community Outreach / Organizing | De-escalation / Conflict Resolution |
| Management | |

Please add any information or experiences that you feel would be beneficial for STEP AmeriCorps to know when 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

Signature of Parent or Guardian if Under 18

Date of Consent

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? \Box YES \Box NO

Date of your application: _____

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

| AmeriCorps representative (service/career fair, info. session) | Newspaper Advertisement |
|--|--|
| Armed Forces | Radio Story |
| Current of former AmeriCorps member | Television advertisement |
| Payroll Notice | Poster at school |
| STEP Board Member(s) or STEP staff person | College guidance office/Placement office |
| CareerLink | High School guidance counselor |
| County Assistance Office | Peace Corps |
| College Placement Office | Radio advertisement |
| Community Organization - Please specify: | Received information in the mail |
| Friend/Relative not from the above categories | Television news story |
| Internet/Listserv/E-mail | Other - Please specify: |

Thank you!