



STEP AmeriCorps
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.

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? _____

What is the best way to get in contact with you? [] Phone call [] Text message [] Email

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

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

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

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, 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	City	State	Zip	
Reason:	Telephone No.			Reason for leaving
	E-mail Address			
	Supervisor			

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

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

VOLUNTEER EXPERIENCE:

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

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? YES NO

Date of your application: _____

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

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

Thank you!