



PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS APPLICATION

GECAC's Application Form must be completely filled out in order for you to be considered for employment. Submit application to hr@gecac.org or to your interviewer if already scheduled for an interview.

In order to successfully process your application, you must provide accurate references.

Applications are filed according to job title. Be as specific as possible in stating the job for which you are applying.

Due to the large number of applications we receive and the competitive nature of our employment process specific reasons for employment decisions will not be released.

During our Application Process you may be subject to the following checks depending on the requirements of the position(s) to which you are applying:

- **Employment reference checks from 3 former employers/supervisors, or equivalent.**
- **Criminal history record check (act 34)**
- **Child abuse history check (act 33)**
- **FBI fingerprint clearance (Act 114)**
- **PA School Misconduct/ Abuse Disclosure Release (Act 168 of 2014)**
- **Completed and successful post-offer, pre-employment physical**
- **Completed and successful mantoux (tb test) or chest x-ray**
- **Post-offer, pre-employment drug screening**
- **Request for drug & alcohol information from previous employers (Drivers 49 CFR 382.413)**

Upon completion of the pre-screen assessment, the basic skills questions, and the application, GECAC will contact you in one of two ways: either by phone or by mail. Please do not call the HR department to inquire about your application. We make every effort to efficiently review your information to make the best selection for the Agency.

Thank you.



Application for Employment

In order that your application may be properly evaluated, it is essential that all of the questions be answered carefully and to the best of your ability. Feel free to give additional information which will enable you and the Agency to derive the greatest benefit from your application. In addition, please attach a resume, if you have one.

THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY. FAILURE TO PROVIDE THE REQUESTED INFORMATION MAY BE CAUSE FOR THIS APPLICATION BEING ELIMINATED FROM CONSIDERATION. DO NOT REFERENCE RESUME.

Please print or type.

Position(s) Applied For

Position Title	Date of Application

Applicant Information

Name _____

Last First Middle

Street Address _____

City, State, Zip _____

County _____

Telephone _____

Email address _____

Current Employment Information – If considered for employment, we will contact your past employers for a reference.

Are you currently employed? Yes No

May we contact your current employer? ** Yes No

**NOTE: IF you are applying for a position in Head Start, GO College, Upward Bound or Adult Education, we are required to contact all current and past employers where you had contact with children under PA Act 168 of 2014 prior to offer of employment being made.

If no, may we get a reference from current employer if hired? Yes No

If no, explain: _____

Have you ever been involuntarily discharged or forced to resign? Yes No

If yes, explain: _____



Work Experience – Start with present or most recent job/ employer. Complete all information. Do not reference resume. Please give accurate, complete full-time and part-time employment record.

1	Company Name _____	Telephone _____
	Address (Street, City, State, Zip) _____	Employed (month/year) _____ From _____ To _____
	Supervisor's Name _____	Weekly Pay _____ Start _____ Last _____
	Job Title _____	Reason for Leaving _____
	Description of work performed _____	

2	Company Name _____	Telephone _____
	Address (Street, City, State, Zip) _____	Employed (month/year) _____ From _____ To _____
	Supervisor's Name _____	Weekly Pay _____ Start _____ Last _____
	Job Title _____	Reason for Leaving _____
	Description of work performed _____	

3	Company Name _____	Telephone _____
	Address (Street, City, State, Zip) _____	Employed (month/year) _____ From _____ To _____
	Supervisor's Name _____	Weekly Pay _____ Start _____ Last _____
	Job Title _____	Reason for Leaving _____
	Description of work performed _____	

4	Company Name _____	Telephone _____
	Address (Street, City, State, Zip) _____	Employed (month/year) _____ From _____ To _____
	Supervisor's Name _____	Weekly Pay _____ Start _____ Last _____
	Job Title _____	Reason for Leaving _____
	Description of work performed _____	

****Attach additional pages as necessary.**



Education – Do not reference resume.

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	# OF YEARS COMPLETED	DID YOU GRADUATE?	TYPE OF DIPLOMA/ DEGREE
HIGH SCHOOL					
COLLEGE					
GRADUATE STUDIES					
OTHER					
Certification/ Professional License	Area of:	License #	Date Issued	Exp. Date	

References

Indicate below the required information on three (3) people who have known you for at least five (5) years. Do not list people who are related to you or who have been listed previously as supervisors.

Name	Address (Street address, city, state, zip)	Occupation	Telephone	Years Acquainted
1.				
2.				
3.				



General Information

Are you legally eligible to work in the United States? | Yes | No
Proof of citizenship or immigration status will be required if hired.

If under 18 years of age, can you provide required work permit? | Yes | No

Do you have access to full-time, private transportation if needed? | Yes | No

If hired, can you provide the required third party bodily injury & property damage auto insurance in the amounts of \$100,000/person, \$300,000/accident and property damage in the amounts of \$100,000/accident, \$300,000/combined single limit? Yes No

Do you have a valid... PA Driver's license? | Yes | No
 PA Commercial Driver's License (CDL) | Yes | No
 School Bus Driver's License | Yes | No

Do you have original clearances:
 Act 33 If yes, date issued: _____ | Yes | No
 Act 34 If yes, date issued: _____ | Yes | No
 FBI If yes, date issued: _____ | Yes | No
 If no, or older than 1 year, are you willing to apply for clearances if needed. | Yes | No
 If no, please explain: _____

Will you submit to a post offer, pre-employment physical/ TB test & drug screen? | Yes | No
 If no, please explain: _____

Can you perform the essential functions of the job with or without reasonable accommodations? | Yes | No

Have you been convicted of a felony in the last seven years? | Yes | No
 If yes, please explain: _____
(Conviction of a felony is not necessarily a bar to employment)

Are you a member of the US Military? | Yes | No
 If yes: | Currently Active | Discharged – Date: _____

Are you available to work: | Full time | Part time | Temporary | Occasional

Are you currently on lay off status or subject to recall? | Yes | No

Can you travel locally, out of town, overnight and extended stay, if job requires? | Yes | No
 If no, please explain: _____

Will you work overtime, holidays and weekends, if required? | Yes | No
 If no, please explain: _____

Are you a current or former Head Start parent? | Yes | No
 If yes, what year? _____

Have you ever been employed by GECAC or any of its programs? | Yes | No
 If yes, list program name and dates of employment: _____

Does a member of your immediate family work for GECAC, any of its programs, or serve on any policy making boards? | Yes | No
 If yes, list name and relationship: _____

On what date would you be available to begin work if hired? _____

Rate of pay expected if hired? \$ _____ /week \$ _____ /annual



Authorizations – Please read carefully. If you have any questions regarding this statement, please ask a Human Resources representative before signing.

This Agency does not discriminate in hiring or employment on the basis of race, color, religion, national origin, age, disability, sexual orientation, gender identity, or on any other basis which would be in violation of any law. Any question in the application process relating to any of the foregoing is intended to secure information for use only in connection with affirmative action obligations and record keeping requirements under applicable reporting requirements.

I understand that this application will be given consideration but its receipt does not imply employment. I understand that GECAC does not guarantee employment for any specific length of time, regardless of the quality of work.

I understand that GECAC is an "At Will" employer and I understand that employment may be terminated by me or GECAC at any time, with or without cause and with or without prior notice. I understand that no one except the Vice President/ Human Resources with the approval of the Chief Executive Officer is authorized to agree to employ me for any period of time and that if any statements to the contrary have been made to me in connection with my application for employment, those statements are incorrect and not binding on GECAC. I understand that neither this document, the personnel handbook, nor any offer of employment constitutes an employment contract.

I understand that all offers of employment are considered pending and conditional until all required documents have been submitted. These documents may include, but are not limited to: documents establishing my identity and work authorization, clearances, proof of education, references, proof of driver's license and automobile insurance, health evaluation completed by a doctor selected by the agency, and a Drug Screening. The specific documents to be required will be consistent with the job description for the position with which I am being offered employment.

I understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the agency to determine whether or not I can perform the essential functions of the job.

I certify that I have completed this application in its entirety and that all statements made by me on this application are true and complete to the best of my knowledge, and that I have withheld nothing that would, if disclosed, affect this application unfavorably. It is understood that misrepresentation or false information given in this application in any part or given in an interview may result in the cancellation of this application and, if I am already employed, may result in termination of my employment regardless of when discovered.

I understand, also, that if employed, I am required to abide by all rules, regulations, procedures and policies of GECAC.

"Agency" as used herein means the Greater Erie Community Action Committee (GECAC) to which you are applying

I hereby acknowledge that I have read the above statements and understand the same:

Yes No

Applicant Signature

Date

Compliance with the Greater Erie Community Action Committee Drug & Alcohol Abuse/ Testing Policy

As an applicant to this agency, I understand and agree that I am subject to GECAC's Drug & Alcohol Abuse/ Testing Policy. I also understand that any offer of employment by the agency may require a drug test and if so, the offer is contingent upon successfully passing a Drug Screening Test. I hereby give my consent to the agency to conduct a urinalysis for drug testing purposes.

I understand and agree that the Drug Screening Test will be performed by a laboratory selected by the agency and that the laboratory is solely responsible for the accuracy of the results of the Drug Screening Test.

I agree to execute all other consent forms required in connection with any Drug Screening Test, including any forms provided by the laboratory granting permission to take a urine specimen and release the results of my Drug Screening Test(s) to GECAC Vice President/ Human Resources.

I understand and agree that if the pre-employment Drug Screening Test indicates a violation of the Drug Abuse Policy, the contingent job offer will be null and void.

In return for my being considered for employment, I hereby release and hold harmless GECAC, its affiliates, successors, and their officers, directors, and employees from liability whatsoever arising out of or related to any Drug Screening Test.

Refusal to sign the required consent for Drug Screening Test will be deemed refusal to take the drug test and will preclude further consideration of my application.

If you would like to review a summary of the Drug & Alcohol Abuse Policy, please ask a Human Resources representative.

*NOTE: If you are a minor (under the age of 18 years), you must have the Parental Consent and Release Form signed and dated by your parent or legal guardian and notarized. Ask a Human Resources representative for this form. The form must be returned to the GECAC Human Resource Department.

I hereby acknowledge that I have read the above statements and understand the same:

Yes No

Applicant Signature

Date

I authorize GECAC to make a thorough investigation of my personal history, including, if any, a record of law enforcement activity, my character, my education, my past employment, job activities, and general reputation.

I authorize any law enforcement agency, and previous employers or educational institutions and personal references specified by me in this application, to release to GECAC any and all information regarding my employment or scholastic standing together with any other information, personal or otherwise, that may or may not be on their records, and I release those law enforcement agencies, employers and educational institutions from liability for any damage or injury to me arising out of the release of information.

I hereby acknowledge that I have read the above statements and understand the same:

Yes No

Applicant Signature

Date



GREATER ERIE COMMUNITY ACTION COMMITTEE

**AUTHORIZATION TO CONDUCT REFERENCE CHECKS
AND TO RELEASE INFORMATION**

I hereby give my consent to **GREATER ERIE COMMUNITY ACTION COMMITTEE** or the bearer hereof to conduct reference/ background checks on my previous or current employment, schooling, volunteer work and the like. Additionally, any corporation, college, school, organization, person or other party is hereby authorized and directed to furnish to **GREATER ERIE COMMUNITY ACTION COMMITTEE** or the bearer hereof any and all information, records and correspondence which it may have in its possession or within its knowledge with respect to my employment, character, qualifications, performance, wages, earnings, income, compensation, school and college records or any other information relating thereto. I hereby release said companies, colleges, schools, persons or other parties from any and all liability for any damage or injury to me arising out of the release of such information.

A reproduced copy of this Authorization shall be as valid as the original.

Any exceptions to the above are noted below. I do not give my permission to check with the following people or organizations for references:

Signature

Date

Printed Name