



Senior Service America, Inc. (SSAI) Senior Environmental Employment (SEE) Program



APPLICATION FOR ENROLLMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status. If selected, continued SEE enrollment is contingent on the applicant's successful completion of Personal Identity Verification (PIV), Finger Printing and a National Agency Check with Inquiries (NACI).

(please print legibly)

Position(s) applied for:		Date of Application:	
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In			
<input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other: _____			
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)		Email Address	Social Security Number

1. If you are 55 years of age or older, can you provide required proof of your eligibility to enroll in the program?..... Yes No
2. Have you ever filed an application with us before?..... Yes No
If yes, please give date: _____
3. Have you ever been enrolled in this program before?..... Yes No
If yes, please give date: _____
4. Are you currently employed?..... Yes No
5. May we contact your present employer?..... Yes No
6. Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status?..... Yes No
(Proof of citizenship or immigration status will be required upon employment)
7. Have you ever been convicted of a felony?..... Yes No
If yes, when? _____
8. On what date would you be available to start an assignment? _____
9. Are you available: Full Time Part Time Temporary
10. Can you travel if a position or assignment requires it?..... Yes No
11. Have you ever had any job-related training in the U.S. military? Yes No
If yes, please describe: _____
12. Are you physically or otherwise unable to perform the duties of the position or assignment for which you applying? Yes No

Education

	Elementary School	High School	Undergraduate College/University	Graduate/Professional					
School Name/ Location:									
Years Completed: <i>(circle correct response)</i>	4 5 6 7 8	9 10 11 12	1 2 3 4						
Diploma/Degree:									
Course of Study (where applicable)									
Please describe any honors, specialized training, skills, apprenticeship and extracurricular activities:									
State any additional information you feel may help in considering your application:									
Indicate any foreign languages you speak, read and/or write									
Language	Speak			Read			Write		
	Fluent	Good	Fair	Fluent	Good	Fair	Fluent	Good	Fair
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List professional, trade, business or civic activities and offices held									

References ~ Provide name, address and telephone number of three references who are not related to you and are not previous employers.

1.	2.	3.
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Employment Experience

Start with your current or last job. Include any job-related military service assignments and volunteer activities. If you need additional space, please continue on a blank sheet of paper.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Job Title	Supervisor		
Reason for Leaving			
Special Skills and Qualifications			
On a blank sheet of paper, summarize special job-related skills and qualifications acquired from employment or other experience.			

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary in arriving at a decision for enrollment. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any enrollment relationship with this organization is of an "at will" nature, which means that the enrollee may resign at any time and the organization may discharge an enrollee at any time with or without cause. It is further understood that this "at will" enrollment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of enrollment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations governing the Senior Environmental Employment Program and Senior Service America.

Signature of Applicant

Date

Senior Service America, Inc. is an Equal Opportunity Employer.