

There Are Two Ways To Apply:

By Mail:

- 1. Print out the application located on the next page, thoroughly complete and mail it to OCO, Inc. 239 Oneida St Fulton, NY 13069. Please remember to sign and date the application. Applications received that are not fully completed will not be considered.**

On-Line:

- 2. Scroll down to thoroughly complete all pages of the application located below. When the application is completed:**

- **Click on File**
- **Save As**
- **Name the document using your own name and save it to your desktop.**
- **E-Mail the document as an attachment to:**
HumanResources@oco.org

Applications received that are not fully completed will not be considered.



OCO, INC.
239 ONEIDA STREET FULTON, NEW YORK 13069
(315) 598-4705 www.oco.org
APPLICATION FOR EMPLOYMENT

Employment decisions such as hiring, training, performance evaluation, wage and benefit participation, promotion and termination of employment remain non-discriminatory, without regard to race, color, creed, religion, gender, age, national origin, veteran status, disability, marital status, pregnancy, arrest/conviction status, sexual orientation, genetic predisposition or carrier status, domestic violence victim status, political affiliation or any other legally protected class or status.

PERSONAL

Please answer each question.

Date: _____

Name: _____ Last four digits of Social Security Number _____
Last First Middle Initial

Address: _____ Telephone No. () _____
Number City State Zip Code

Are you legally eligible for employment in the U.S.? Yes No Are you 18 years or older? Yes No

Position(s) applied for _____ Rate of pay expected \$ _____ /wk

Are you employed now? Yes No May we inquire of your present employer? Yes No

Would you consider? Part-Time Full-Time Days/hours available if Part-Time _____

Were you previously employed by us? Yes No If yes when? _____

If selected, in what date will you be available for work? _____

Please state why you feel you are qualified for this position _____

EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed	Did you Graduate?	List Diploma, Degree or Subjects Studied
Elementary			5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
High School			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
College			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other (specify)			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Subjects of special study or research work _____

MILITARY SERVICE

Branch: _____ Years served: _____ Rank: _____

EMPLOYMENT HISTORY

Begin with your present or last job. Include any military service and volunteer activities.
Exclude groups, which indicate race, color, religion, sex, or national origin.

1	Employer	Dates From:	Employed To:	Job Duties:
	Address			
	Job Title	Hourly Start:	Rate Final:	Reason For Leaving:
	Immediate Supervisor			
2	Employer	Dates From:	Employed To:	Job Duties:
	Address			
	Job Title	Hourly Start:	Rate Final:	Reason For Leaving:
	Immediate Supervisor			
3	Employer	Dates From:	Employed To:	Job Duties:
	Address			
	Job Title	Hourly Start:	Rate Final:	Reason For Leaving:
	Immediate Supervisor			
4	Employer	Dates From:	Employed To:	Job Duties:
	Address			
	Job Title	Hourly Start:	Rate Final:	Reason For Leaving:
	Immediate Supervisor			

REFERENCES

List the names of three persons not related to you that you have known at least one year

NAME	ADDRESS	PHONE	OCCUPATION	YEARS KNOWN

PLEASE READ AND SIGN BELOW

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that if employed, any falsification, misrepresentations or omissions shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated at any time without any prior notice. **Background Screening:** I authorize any pre and/or post employment background checks as required by licensing/funding source regulations including, but not limited to fraud, abuse/maltreatment, criminal background, drug/alcohol testing, reference checks, verification of educational qualifications, exclusionary status, driving abstract and others required by regulations.

E-Signature/Signature: _____ Date: _____



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EMPLOYMENT APPLICATION ADDENDUM

DRIVING STATUS

Do you have a valid New York State Driver's License? Yes No

Please note, if you are interviewed for a position which requires driving, further information regarding your driving status will be requested if you are selected for employment.

CONVICTION RECORD STATUS

Have you ever been convicted of, and/or plead guilty to, a felony or misdemeanor? Yes No

If you answered 'yes' and have been convicted of a felony or misdemeanor, please complete the information below in regards to the conviction. Please note that a 'yes' answer to this question does not necessarily disqualify an applicant from employment. Factors that will be taken into account include the nature of the conviction as it relates to the job applied for the amount of time that has elapsed since the conviction and/or completion of sentence, and the seriousness of the offense. The agency reserves the right to reject individuals for employment based on job-related convictions.

Date of Offense	County and State in which Offense Occurred	Conviction/Explanation	Rehabilitation Completed

All applicants and employees must, as a condition of employment, inform the agency of all misdemeanor or felony convictions, including all convictions received while your application is pending and within seven days of receiving a conviction if currently employed.

PLEASE READ CAREFULLY AND SIGN BELOW

I certify that all of the information I have provided on this *Application for Employment and Addendum forms* are complete and accurate. I understand that any misrepresentation or omission of facts will disqualify me from further consideration of employment, withdrawal of any offer of employment, or termination of employment, if hired.

I authorize verification of all of the information I have provided on this *Application for Employment Form* as well as any additional information needed to consider my application for employment. I authorize all previous employers, educational institutions, references and other persons who have knowledge of me or my records to provide any and all information pertinent to my employment and release the same from any liability resulting from providing such information. I also release this agency and its employees from all liability for any damage that may result from reliance on the information furnished.

If employed, I agree to abide by all policies, procedures, and rules of the agency. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated by the agency or myself at any time with or without cause or notice. I further understand that the policies, procedures, rules, and benefits contained in the employee handbook, benefit plans, and other written documents should not be considered an employment contract for any period of time.

E-Signature/Signature: _____ Date: _____



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EMPLOYMENT APPLICANT VOLUNTARY SELF-IDENTIFICATION

This information will not be used as selection criteria and will be treated as confidential. This information will be kept separate from your Employment Application.

Date: _____

Name: _____

Where/how did you learn of available positions?

- | | | | |
|---------------------------------------------|-----------------------------------------------------|-----------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Job Posting | <input type="checkbox"/> Department of Labor | <input type="checkbox"/> Employment/Training | <input type="checkbox"/> Social Services |
| Internet Site (specify) | <input type="checkbox"/> New York Jobs | <input type="checkbox"/> NY Job Exchange | <input type="checkbox"/> OCO's Website |
| Newspaper Ad (specify) | <input type="checkbox"/> Valley News | <input type="checkbox"/> CNY Employment Guide | <input type="checkbox"/> Post Standard |
| | <input type="checkbox"/> Palladium Times | <input type="checkbox"/> Oswego County Weeklies | |

Other Source

Important – All Applicants/Employees:

To enable our Agency to meet government reporting requirements, all applicants/employees are requested, but **not** required, to voluntarily complete this personal data sheet. Information will be used solely for government reporting purposes. We consider all applicants without regard to race, color, religion, sex, national origin, age, marital or veteran status, non-job related medical condition or handicap, or any other legally protected status.

If you choose not to answer any of these questions, you will not be subject to adverse treatment. However, if you choose not to "self-identify", we are required under Federal regulations to maintain race, sex, on the basis of visual observation or personal knowledge.

I do not wish to furnish the following information

I volunteer the following information

SEX: Male Female

RACE: White Unspecified
 Black or African American Native Hawaiian or other Pacific Islander
 Hispanic All Races Hispanic White Races Only
 Asian Hispanic All Other Races
 American Indian or Alaskan Native Two or More Races