



Application

Employment or Volunteer Work

SECTION I

Date ___/___/___ Position applied: _____

Referred by: Advertisement; friend etc: _____

Do any relatives work here? No Yes (If so, name) _____

Relationship _____

SECTION II

Your Name _____

Last

First

Middle

Address _____

Street

City

State

Zip

SS# _____ Best time to reach you: _____ am pm

Email _____ Tel Home _____

Cell: _____ Work: _____

Have you previously filed an application with RECAP, Inc.? No Yes (dates) _____

Have you previously been employed by RECAP, Inc.? No Yes (dates) _____

Are you 18 or over? No Yes (if no, state age) _____ Available to start

Schedule desired (circle all that apply): Full time Part time Days Nights Evenings Weekends

Are you currently employed? No Yes If yes, may we contact your present employer? No Yes

Are you legally eligible for employment in the U.S.A.? No Yes

Have you ever been convicted of a crime? No Yes (if yes, date) _____

Do you currently have any criminal charges pending? No Yes (if yes, date) _____

Description of both: _____

(Conviction will not necessarily disqualify you from employment.)

SECTION III

Information in this section pertains to positions requiring driving. We WILL do a license check.

Driver's license # _____ Class _____ State _____

Expiration Date _____ Years Driving _____

Specify any moving violations within the last three years and any suspensions, revocations, DWI/DUI infractions, convictions, or any other vehicular accidents involving injury to persons or property.



SECTION IV

Educational Experience

Education	Name/Address of School	Course of Study	Did You Graduate	Degree or Diploma
High School			Yes / No	
College			Yes / No	
Other			Yes / No	

SECTION V

Employment Experience (if you need more space, use an additional sheet of paper)

Name & Address of Company	Date/Year		Salary		Reason for Leaving	Name of Supervisor
	From	To	From	To		
Describe the work you did:						
Phone ()						

Name & Address of Company	Date/Year		Salary		Reason for Leaving	Name of Supervisor
	From	To	From	To		
Describe the work you did:						
Phone ()						

Name & Address of Company	Date/Year		Salary		Reason for Leaving	Name of Supervisor
	From	To	From	To		
Describe the work you did:						
Phone ()						

SECTION VI

Other Work Experience

List any other experiences, skills, qualifications you believe will be beneficial in considering your application. (i.e. public speaking, marketing, grant writing, etc.)



SECTION IX

Professional/Personal References

Name	Relationship	Mailing Address	Telephone

SECTION X

Please read and sign

I affirm that the facts set forth in my application are true and complete. I understand that if employed, any omission of facts or false statement on this application may result in my dismissal. I further understand that this application is not, and is not intended to be, a contract of employment nor does this application obligate the employer in any way if the employer decides to employ me. I understand that any employment will be on a 90 day introductory basis and that my employment is at-will and can be terminated by either party without notice, at any time, for any reason or no reason. I understand that no management representative has any authority to enter into any agreement for continuing employment for any specific period of time for which is contrary to the foregoing without written approval of the Company. I authorize RECAP, Inc. to make inquiries and investigations of my person, employment, and other related matters as may be necessary in arriving at the employment decision. I hereby release employers, schools and persons from all liability in responding to inquiries in connection with my application. I also understand that I am required to abide by all rules and regulations of the Company and that I will be required to provide proof of citizenship or work permit at time of employment. If requested by the Company, I agree to take a physical examination and/or a drug test, if I am offered a position at RECAP, Inc. at no personal expense and authorize the examining physician to disclose the findings to the Company. I understand that any offer of employment is conditioned upon receipt of satisfactory references and satisfactory completion of such physical examination.

Signature _____ Date _____

RECAP's mission is to mobilize and coordinate public and private resources to address the basic needs of low-income people while they attain the skills, knowledge, motivation and opportunities needed to become economically self-sufficient.

RECAP Benefits!

RECAP offers its full time employees the following benefits:

Health & Safety Benefits:

- Medical Insurance
- Dental Insurance
- Group Life Insurance

Financial/Payroll Services:

- Direct Deposit
- Credit Union Membership
- 401(k) Retirement Savings Plan
- Supplemental Insurances
 - AFLAC
 - Short Term Disability
 - Dental
 - Cancer Prevention
 - Accident



Paid Time Off:

- Vacation – 10 days first year, 1 day added each year-to a cap of 20 days per Anniversary Date
- Holidays (13) per Calendar year
- Sick/Unplanned Time – 10 days per year per Fiscal Calendar

Other Benefits:

- NYS Disability
- Family Medical Leave Act
- Worker's Compensation,
- COBRA