



## EMPLOYMENT APPLICATION

Tioga Opportunities, Inc.  
9 Sheldon Guile Blvd.  
Owego, NY 13827

607-687-4222  
www.tiogaopp.org

If you need help filling out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs.

**Administration/Finance**  
607-687-4222  
607-687-4236 FAX

**Aging**  
607-687-4120  
607-687-4147 FAX

**Community Services**  
607-687-4222  
607-687-4236 FAX

**Early Childhood Services**  
607-687-5888  
607-687-5904 FAX

**Family Health Services**  
Family Planning  
607-687-5333  
607-687-4899 FAX

**Family Health Services**  
WIC  
607-687-3147  
607-687-9566 FAX

**Housing Services**  
607-687-0707  
607-687-2017 FAX

**Energy Services**  
Weatherization  
607-687-0944  
607-687-0170 FAX

This application form is intended for use in evaluating your qualifications for employment with Tioga Opportunities, Inc. (TOI). Please answer all appropriate questions completely and accurately. False or misleading statements on this form or during an interview are grounds for terminating the application or employment. TOI is an Equal Opportunity Employer. No person shall be discriminated against in employment because of race, color, religion, sex, national origin, age, disability, political affiliation, military status, or sexual preference, or in any way excluded from participation in or be denied benefits in connection with any program or activity of the Agency. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a drug test/medical review.

<b>Position applied for:</b>	<b>Date:</b>	
<b>First name:</b>	<b>Last name:</b>	
<b>Home telephone:</b>	<b>Telephone number &amp; time we can contact you:</b>	
<b>Address:</b>	<b>City, State ZIP</b>	
<b>E-mail address:</b>	<input type="checkbox"/> <b>Yes, contact me by e-mail</b>	
Are you legally employable within the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you are under 18, can you furnish a work permit?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If the job requires, do you have a valid driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you used any names other than given above?	YES <input type="checkbox"/> If Yes, please list:	NO <input type="checkbox"/>
Have you ever been convicted of a crime, including sex related or child abuse related offenses?	YES <input type="checkbox"/> If Yes, please attach details	NO <input type="checkbox"/>
Have you ever been dismissed, suspended, or tendered a resignation from any prior job because of alleged misconduct?	YES <input type="checkbox"/> If Yes, please attach details	NO <input type="checkbox"/>
Have you ever filed an application with TOI before? Under another name?	YES <input type="checkbox"/> If Yes, please list dates and name	NO <input type="checkbox"/>
Have you been previously employed by TOI? Under another name?	YES <input type="checkbox"/> If Yes, please list dates and name	NO <input type="checkbox"/>
Are you knowingly related to a current TOI employee or Board Director?	YES <input type="checkbox"/> If Yes, name and relationship:	NO <input type="checkbox"/>
Type of Desired Employment	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/> Temporary <input type="checkbox"/>
Salary Desired \$	Earliest Start Date:	

**EMPLOYMENT HISTORY:** Please list most recent job first and do NOT put "See Resume." We need two employment-related references.

<b>#1. Employer:</b>	<b>Employment Dates: From: / To: /</b>
Telephone:	Your Job Title:
Address:	Immediate Supervisor's Name:
BRIEFLY DESCRIBE DUTIES:	
What did you like BEST?	What did you like LEAST?
Reason for leaving:	
May we contact for reference? YES ____ NO ____ LATER ____	
Starting salary:	Final salary:

<b>#2. Employer:</b>	<b>Employment Dates: From: / To: /</b>
Telephone:	Your Job Title:
Address:	Immediate Supervisor's Name:
BRIEFLY DESCRIBE DUTIES:	
What did you like BEST?	What did you like LEAST?
Reason for leaving:	
May we contact for reference? YES ____ NO ____ LATER ____	
Starting salary:	Final salary:

<b>#3. Employer:</b>	<b>Employment Dates: From: / To: /</b>
Telephone:	Your Job Title:
Address:	Immediate Supervisor's Name:
BRIEFLY DESCRIBE DUTIES:	
What did you like BEST?	What did you like LEAST?
Reason for leaving:	
May we contact for reference? YES ____ NO ____ LATER ____	
Starting salary:	Final salary:

**SKILLS and QUALIFICATIONS:** Summarize any special training or skills (languages, licenses, certificates, awards) and/or personal characteristics that may particularly qualify you as being able to perform job-related functions for which you are applying.

**ADDITIONAL EMPLOYMENT HISTORY:** Please list most recent job first and do NOT put "See Resume." We need two employment-related references.

<b>#4. Employer:</b>	<b>Employment Dates: From: / To: /</b>
Telephone:	Your Job Title:
Address:	Immediate Supervisor's Name:
BRIEFLY DESCRIBE DUTIES:	
What did you like BEST?	What did you like LEAST?
Reason for leaving:	
May we contact for reference? YES ____ NO ____ LATER ____	
Starting salary:	Final salary:

<b>#5. Employer:</b>	<b>Employment Dates: From: / To: /</b>
Telephone:	Your Job Title:
Address:	Immediate Supervisor's Name:
BRIEFLY DESCRIBE DUTIES:	
What did you like BEST?	What did you like LEAST?
Reason for leaving:	
May we contact for reference? YES ____ NO ____ LATER ____	
Starting salary:	Final salary:

<b>#6. Employer:</b>	<b>Employment Dates: From: / To: /</b>
Telephone:	Your Job Title:
Address:	Immediate Supervisor's Name:
BRIEFLY DESCRIBE DUTIES:	
What did you like BEST?	What did you like LEAST?
Reason for leaving:	
May we contact for reference? YES ____ NO ____ LATER ____	
Starting salary:	Final salary:

**SKILLS and QUALIFICATIONS:** Summarize any special training or skills (languages, licenses, certificates, awards) and/or personal characteristics that may particularly qualify you as being able to perform job-related functions for which you are applying.

## EDUCATIONAL BACKGROUND

Please indicate highest grade completed:    7    8    9    10    11    12    13    14    15    16    16+

NAME & CITY/STATE	FIELD OF STUDY	GRADUATE? Yes or No	DIPLOMA/ DEGREE
<b>HIGH SCHOOL</b>			
<b>COLLEGE</b>			
<b>OTHER</b>			

**REFERENCES** – Please list three references other than a relative or supervisor already listed.

<b>#1. Name</b>	<b>Telephone</b>
Address	Relationship
<b>#2. Name</b>	<b>Telephone</b>
Address	Relationship
<b>#3. Name</b>	<b>Telephone</b>
Address	Relationship

**Employee Responsibility to the Tioga Opportunities, Inc. (TOI):** (Please read before signing.)

I understand and agree that:

- Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment.
- I give TOI the right to investigate all references and to secure additional job related information about me. I hereby release from liability TOI and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.
- I agree that my employment may be terminated by TOI At Will at any time without liability for wages or salary except such as may have been earned at the date of such termination.
- Following a job offer, I understand and agree that I may be required to take a physical examination/testing, at TOI expense, at any time to determine if I am physically fit for the job I am to perform. I authorize any physician or hospital to release any information, which may be necessary to determine my ability to perform the duties of the job I am being offered or in the future during my employment with TOI.
- Although TOI makes every effort to accommodate individual preferences, TOI needs may at times make the following condition mandatory: a rotating work schedule, or a work schedule other than Monday through Friday, along with altered work hours. I understand and accept these as conditions of my continuing employment.
- I understand it is TOI's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.
- I further understand that this is an application for employment and that no employment contract is being offered. I also understand that if I am employed, such employment is for an indefinite period of time and that the Agency can change wages, benefits, and conditions at any time.

<b>Printed Name</b>	<b>Signature</b>
	<b>Date:</b>

**Please attach a current resume.**

**NOTE: TOI will confirm the applicant's interest in a position before contacting any references.**

*Tioga Opportunities, Inc. is an Equal Opportunity Employer and service provider and does not discriminate on the basis of race, religion, sex or sexual preference, national origin, age, disability, political affiliation, or any other unlawful basis.*

**RETURN TO: [careers@tiogaopp.org](mailto:careers@tiogaopp.org)**

**OR**

**HUMAN RESOURCES  
TIOGA OPPORTUNITIES, INC.  
9 SHELDON GUILLE BLVD.  
OWEGO, NY 13827  
FAX-607-687-4236**