



## Employment Application

3 West Broadway, Oneonta, NY 13820

How did you first learn about our open positions? (check applicable box)

- ☐ Oneonta Daily Star ☐ Pennysaver  
☐ Freeman's Journal ☐ OFO Website  
☐ Hometown Oneonta ☐ Indeed.com  
☐ Other (name source): \_\_\_\_\_

**All applicants must submit a resume and cover letter with application**

**Incomplete application packages will not be considered.**

*An equal opportunity /at will employer.*

### PERSONAL

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
(Area Code)

Are you eligible to work in the United States? ☐ Yes ☐ No

Do you possess a valid NY State Driver's License? ☐ Yes ☐ No

Have you worked at OFO before? ☐ Yes ☐ No

If no, why? \_\_\_\_\_

If yes, what position and when? \_\_\_\_\_

Can you comply with OFO's **COVID-19 Vaccination, Testing and**

**Face Covering Policy** with or without a reasonable accommodation?

☐ Yes ☐ No

Please refer to our policy for details. You can find it on our website here: <https://www.ofoinc.org/jobs>.

### JOB INTERESTS AND SKILLS

Please only submit one application for up to six positions.

Please list job titles for all positions you are applying for in **order of preference**.

Position One: \_\_\_\_\_ Position Four: \_\_\_\_\_

Position Two: \_\_\_\_\_ Position Five: \_\_\_\_\_

Position Three: \_\_\_\_\_ Position Six: \_\_\_\_\_

To apply for additional positions, please submit a separate application package.

Type of employment requested ☐ Full Time ☐ Part Time Date you could begin working: \_\_\_\_\_

Computer software you have used: \_\_\_\_\_

Special skills or qualifications: \_\_\_\_\_

### EDUCATION

Type of School	Name and Location	Course of Study	Number of Years	Degree, Diploma, Certificate, and Honors Received
High School				
College/University				
Other Education				
Other Education				

**EMPLOYMENT HISTORY** *(List Most Recent First)***Must be fully completed**

1. Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
*(Street) (City) (State) (Zip Code)*

Supervisor and Title: \_\_\_\_\_ Your Title: \_\_\_\_\_

Employed From \_\_\_\_\_ to \_\_\_\_\_

If this is current employer, may we contact them for a reference? ☐ Yes ☐ No

Work Performed: ("see resume" ok here) \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
If left for another job, why did you seek other employment?

2. Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
*(Street) (City) (State) (Zip Code)*

Supervisor and Title: \_\_\_\_\_ Your Title : \_\_\_\_\_

Employed From \_\_\_\_\_ to \_\_\_\_\_

Work Performed: ("see resume" ok here) \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
If left for another job, why did you seek other employment?

3. Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
*(Street) (City) (State) (Zip Code)*

Supervisor and Title: \_\_\_\_\_ Your Title: \_\_\_\_\_

Employed From \_\_\_\_\_ to \_\_\_\_\_

Work Performed: ("see resume" ok here) \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
If left for another job, why did you seek other employment?

4. Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
*(Street) (City) (State) (Zip Code)*

Supervisor and Title: \_\_\_\_\_ Your Title: \_\_\_\_\_

Employed From \_\_\_\_\_ to \_\_\_\_\_

Work Performed: ("see resume" ok here) \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
If left for another job, why did you seek other employment?

**Attach additional employment history pages as needed to provide complete employment history**

**Provide a minimum of three professional references and one personal reference in the space below.  
Please do not list family members as references.**

REFERENCES			
Name	Relationship	Daytime Phone	Home Phone

ACKNOWLEDGEMENTS
<p>Read each statement carefully before signing</p> <p>I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.</p> <p>I authorize the investigation of any or all statements contained in this application and authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.</p> <p>I understand that verification of my eligibility to work in the United States must be satisfied at the time of hire.</p> <p>I understand that OFO's COVID-19 Vaccination, Testing and Face Covering policy requires me to be fully vaccinated at time of hire, or submit to weekly testing for COVID-19 starting upon hire (If allowed for my position).</p> <p>I understand that if I am extended an offer of employment, both the offer and continued employment is contingent on completion of all employment requirements set by OFO and <u>the specific requirements of programs within OFO</u>. These may include but not limited to: physical exam, background/reference check, fingerprinting, State Central Registry Database checks, tuberculosis testing, and other licensing requirements.</p> <p>I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED. I UNDERSTAND THAT I HAVE BEEN HIRED AT WILL ACCORDING TO NEW YORK STATE LAW AND MY EMPLOYMENT MAY BE TERMINATED BY OPPORTUNITIES FOR OTSEGO OR BY ME AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.</p> <p>I have read, understand and by my signature consent to these statements.</p> <p>Applicant Signature: _____ Date: _____</p>

<p><b>The following section must be completed by applicants for HEAD START positions</b></p> <p>TO COMPLY WITH 45 CFR PART 1301.SUBPART C, HEAD START GRANTS ADMINISTRATION. PERSONNEL POLICIES, SECTION 1302.90. Federal policies require that the following information be obtained from all prospective employees prior to employment.</p> <p>Please sign the following declaration which lists:</p> <p>1) All pending and prior criminal arrests and charges related to child sexual abuse and their disposition; 2) convictions related to other forms of child abuse and/or neglect; and 3) all convictions of violent felonies. The declaration may exclude: any offense, other than any offense related to child abuse and/or child sexual abuse or violent felonies committed before the prospective employee's 18th birthday, which was finally adjudicated in a juvenile court or under a youth offender law; any convictions which has been expunged under Federal or State Law; and any conviction set aside under the Federal Youth Corrections Act or similar State authority.</p> <p>State Licensing regulations require that a prospective staff must declare whether or not they have been convicted of any misdemeanor or felony in New York State or any other jurisdiction. Note that individuals who declare, through this form, that they have been arrested, charged with or convicted of any of the offenses listed above are not automatically disqualified from being hired. Head Start agencies must review each case to assess the relevance of an arrest, charge, or conviction to a hiring decision. Please provide your signature on the appropriate category below:</p> <p>Please select ONE:</p> <p><input type="checkbox"/> I have not been arrested, charged and/or convicted of one or more of the types of offenses listed above.</p> <p><input type="checkbox"/> I have been arrested, charged and/or convicted of one or more of the types of offenses listed above.</p> <p>Applicant Signature: _____ Date: _____</p>
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**Attach resume and cover letter**  
Incomplete application packages will not be considered.