

C.A.C. Foundation, INC.

370 SOUTH. 4th ST, FULTON, NEW YORK 13069
(315) 592-4453

APPLICATION FOR BOARD MEMBERSHIP

We appreciate your interest in our organization and are sincerely interested in your background and qualifications. Please answer all questions as thoroughly as possible so we may review this information in consideration of employment within our organization. We are an Affirmative Action/Equal Opportunity Employer. We consider all applications for all positions without regard to race, color, religion, gender, national origin, age, sexual orientation, disability, marital status, veteran status, or any other legally protected class or status. Given the nature of our business, we ask for personal identification in order to conduct background checks. More information and consents of agreement will be given as your application process proceeds.

PERSONAL

Date: _____

Name: _____ Social Security Number _____
Last First Middle Initial

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

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

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

If selected, on what date will you be available? _____

Explain if you have held any other Board of Director's positions? _____

EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed	Did you Graduate?	List Diploma, Degree or Subjects Studied
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

Give 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 chosen, 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 membership is for no definite period and may be terminated at any time without any prior notice.

Signature: _____

Date: _____

CAC, Foundation Inc. 370 S. 4th St. Fulton, NY 13069 (315) 592-4453

MEMBERSHIP 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 may be requested if you are selected for Board Membership.

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 Board Membership. 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 based on job-related convictions.

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

All applicants and Board of Director's Members must, as a condition of recruitment, 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 Membership Form* is accurate and complete to the best of my knowledge. I understand that any misrepresentation or omission of facts will disqualify me from further consideration of membership, withdrawal of any offer of membership, or termination of membership, if offered.

I authorize verification of all of the information I have provided on this *Application for Membership Form* as well as any additional information needed to consider my application for the Board of Directors. I authorize all previous employers, educational institutions, agencies, references and other persons who have knowledge of me or my records to provide any and all information pertinent to my membership 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 offered, I agree to abide by all policies, procedures, and rules of the agency. I understand and agree that, if recruited, my membership is for no definite period and may 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 Board Membership handbook, by-laws, and other written documents should not be considered a contract for any period of time.

Signature:

Date:
