

Date _____



Senior Community Service Employment Program

APPLICATION



General Information

Senior Community Service Employment Program (SCSEP) provides job training and placement for people with limited financial resources who are 55 or older, while providing employers with trained, motivated workers. SCSEP is an equal opportunity employer and training provider.

When you become an SCSEP trainee, you will receive personalized help to meet your employment goals. SCSEP participants work in part-time job training positions with non-profit or government agencies. While in training, the participant earns a training stipend. This gives the non-profit a dedicated worker and provides the participant with a training wage, on-the-job experience and an opportunity to re-enter the workforce.

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Telephone _____ E-mail address _____

Personal PLEASE FILL IN ALL BLANKS:

How long at _____ If veteran show
This address? _____ Branch & years _____

Date of birth _____ Number in your family (living with you) _____

Annual income (entire family) _____ Source(s) of income _____

Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Widow/er _____

NOTE: Proof of all household income will be required for program participation.

Have you ever been convicted of a felony? Yes No If yes, please explain _____

Have you been enrolled in SCSEP before? Yes No

How did you learn about SCSEP? Flyer/Advertisement _____ Friend _____ Walk-In _____ Another Agency _____

*Return Completed Application to:
Northern Kentucky Community Action Commission; 717 Madison Avenue; Covington, KY 41011*

Education

	Elementary	Secondary	College/University	Graduate/ Professional
School				
Years Completed/ Degree	4 5 6 7 8	9 10 11 12	13 14 15 16	17 18 19 20
Diploma/Degree				Masters PhD

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities.

1	Employer _____ Telephone _____	Dates Employed		<u>Work Performed</u>
	Address _____	From	To	

	Job Title _____	Hourly Rate/Salary		
	Supervisor _____	Starting	Final	
	Reason for leaving _____			

1	Employer _____ Telephone _____	Dates Employed		<u>Work Performed</u>
	Address _____	From	To	

	Job Title _____	Hourly Rate/Salary		
	Supervisor _____	Starting	Final	
	Reason for leaving _____			

1	Employer _____ Telephone _____	Dates Employed		<u>Work Performed</u>
	Address _____	From	To	

	Job Title _____	Hourly Rate/Salary		
	Supervisor _____	Starting	Final	
	Reason for leaving _____			

Type of Training Position You Would Like (check all that apply)

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Janitorial/Maintenance | <input type="checkbox"/> Outdoors | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Office/Clerical | <input type="checkbox"/> Food Service | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Landscaping/lawn work | <input type="checkbox"/> Kitchen/Cooking | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Indoors | <input type="checkbox"/> Construction | |

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience.

Are you registered with Northern Kentucky One Stop? Yes No

Are you seeking Full Time or Part Time Employment? Full time Part time

Other Skills, Training or Community Involvement Past or Present

Do you have experience in any of the following? Check if yes.

- | | | |
|--|--|---|
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Cooking | <input type="checkbox"/> Receptionist |
| <input type="checkbox"/> Art | <input type="checkbox"/> Editing | <input type="checkbox"/> Sales and Promotion |
| <input type="checkbox"/> Assembly Work | <input type="checkbox"/> Homemaker/Companion | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Auto Mechanic | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Billing Clerk | <input type="checkbox"/> Nursing | <input type="checkbox"/> Truck Driver/Other Driving |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Office Machine Operator | <input type="checkbox"/> Typing |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Painting | <input type="checkbox"/> Other-Specify _____ |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Plumbing | _____ |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Public Relations | _____ |

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

Name	Address	Telephone Number

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand That falsified statements on this application shall be grounds for dismissal from the program. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the NKCAC from all liability for any damage that may result from utilization of such information.

Signature

Date

Additional Information

By answering the questions below, we will be better able to match your interests and goals to the training position that is right for you.

Goals (Please fill out completely.)

What are your employment goals?

After training, what job do you intend to attain?

Salary expected in the work field

Date you project to be job-ready and out of SCSEP

Number of hours you wish to work per week

How far are you willing to commute to a job? _____ miles

Do you have a driver's license? Yes No Own a car? Yes No Have transportation available? Yes No

Barriers

Do you have any restrictions as to the kind of work you can do? Yes No

If yes, please explain

List physical restrictions that would limit your ability to work, if any

Check any other considerations that should be taken into account in the selection of a job:

- | | | |
|--|--|--|
| <input type="checkbox"/> Health Issues | <input type="checkbox"/> Family Responsibilities | <input type="checkbox"/> Cannot work on weekends |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Language Barriers | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Scheduling Problems | <input type="checkbox"/> Cannot work evenings | |
| <input type="checkbox"/> Can only work part time | <input type="checkbox"/> Cannot work mornings | |

Interests

If you had a choice, would you prefer:

- | | | |
|---|--|--|
| <input type="checkbox"/> Working with children | <input type="checkbox"/> Working as part of a team | <input type="checkbox"/> Working for commission |
| <input type="checkbox"/> Working with the elderly | <input type="checkbox"/> Working in hospitals | <input type="checkbox"/> Working for a stated salary |
| <input type="checkbox"/> Working with the handicapped | <input type="checkbox"/> Writing reports and researching | <input type="checkbox"/> Working in a factory |
| <input type="checkbox"/> Working alone | <input type="checkbox"/> Working with the public | <input type="checkbox"/> Working in a store |

Please provide any additional information you think would be helpful
