

**Senior Service America, Inc. (SSAI)  
Agriculture Conservation Experienced Services (ACES) Program**

**APPLICATION FOR ENROLLMENT**

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

*(Please Print)*

Position(s) applied for:		Date of application:		
How did you learn about us?				
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-in		
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other: _____		
Last Name	First Name		Middle Name	
Address: Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number	

1. If you are 55 years of age or older, can you provide required proof of your eligibility to enroll in the program?.....  Yes  No
2. Have you ever filed an application with us before? .....  Yes  No  
If yes, give date:
3. Have you ever been enrolled in this program before? .....  Yes  No  
If yes, give date:
4. Are you currently employed? .....  Yes  No
5. May we contact your present employer? .....  Yes  No
6. Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status?.....  Yes  No  
*Proof of citizenship or immigration status will be required upon employment.*
7. Have you ever been convicted of a felony? .....  Yes  No  
If yes, when? \_\_\_\_\_
8. On what date would you be available to start an assignment?:
9. Are you available:  Full Time  Part Time  Temporary
10. Can you travel if a position or assignment requires it? .....  Yes  No

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*Senior Service America, Inc. is an Equal Opportunity Employer*

# Education

	Elementary School					High School				Undergraduate College/University				Graduate/ Professional			
School Name / Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma / Degree																	
Describe Course of Study (where applicable):																	
Describe any specialized training, apprenticeship, skills and extracurricular activities:																	
Describe any honors you have received:																	
State any additional information you feel may be helpful to us in considering your application:																	

Indicate any foreign languages you can speak, read and/or write.									
LANGUAGE	SPEAK			READ			WRITE		
	Fluent	Good	Fair	Fluent	Good	Fair	Fluent	Good	Fair
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List professional, trade, business, or civic activities and offices held.
(You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap, or other protected status.)

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

1.	2.	3.
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11. Have you ever had any job-related training in the U.S. military? .....  Yes  No  
If yes, please describe: \_\_\_\_\_

12. Are you physically or otherwise unable to perform the duties of the position or assignment for which you are applying? .....  Yes  No

## Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status. (If you need additional space, please continue on another sheet of paper.)

Employer		Dates Employed		Work Performed:
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed:
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Worked Performed:
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

## Special Skills and Qualifications

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

## Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application as may be necessary in arriving at a decision for enrollment.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any enrollment relationship with this organization is of an "at will" nature, which means that the enrollee may resign at any time and the organization may discharge enrollee at any time with or without cause. It is further understood that this "at will" enrollment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of enrollment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations governing the Senior Environmental Employment Program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date