

Dear Applicant,

Thank you for your interest in the Senior Community Service Employment Program (SCSEP). SCSEP is funded by Senior Service America, Inc., headquartered in Silver Spring, Maryland. Senior Service America, Inc. is a non-profit organization that provides civic engagement and employment opportunities to adults over the age of 55 who wish to re-enter the workforce.

Senior Community Service Employment Program participants are placed in positions with governmental and non-profit agencies. They work up to 20 - 29 hours a week and are paid the federal minimum wage.

To be considered for SCSEP, complete the attached application and return it to the office or by mail to the above address. When there is an opening in your area, we will contact you to schedule an appointment.

**\*\*We advise that you use the checklist below to make sure all documents are included in your application. \*\***

**Submit copies of the following with your application:**

- Proof of age (choose one):** Birth Certificate, Driver's License, Passport
- Social Security Card**
- Income (for ALL individuals in the household/all that apply):**  
Tax Returns prior year, Check Stubs, Social Security Award Letter
- Benefits Letter(s), include all that apply:**  
Interest Payments, School Grants, Pensions, Etc.
- Family Size (choose one):** Federal Income Tax Return prior year, Lease Agreement, Landlord Statement, Family Size Statement Form
- Proof of Residence:** Utility Bill, Voter Registration Card, Driver's License
- Veteran Status or Veteran Spouse:** DD 214 issued by the Defense Department

**\*\*Final requirement\*\* register for NCWorks by:**

- Visiting your local NCWorks Career Center and asking to register.

**If you have questions or concerns, call 910.323.4191 ext. 46.**

**Sincerely,**

Mid-Carolina SCSEP Team

Equal Opportunity Employer Program / Auxiliary aids and services are available upon request to individuals with disabilities.





# SCSEP APPLICATION FORM

DATE \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

Name:					
LAST	FIRST	MIDDLE			
Address:					
STREET				COUNTY OF RESIDENCE	
CITY		STATE		ZIP	
Telephone # : ( ) _____	Cell # : ( ) _____	Email: _____			
Are you 55 years or older?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>
		MONTH	DAY	YEAR	
Are you a US citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, are you authorized to work in the US?		Yes <input type="checkbox"/> No <input type="checkbox"/>	

## EMPLOYMENT DESIRED

Position: _____	Start date: _____	Desired Pay Rate _____
Are you currently employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	May we contact your employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever applied for SCSEP?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes When? _____
Referred by _____		

## EDUCATION

School Name	City	State	Major	Years Attended	Graduated?
_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

## SKILLS (INDICATE YOUR WORK SKILLS, EQUIPMENT OPERATION, EXPERIENCES, ABILITIES, ETC)

_____
_____
_____
_____
_____

## LICENSE OR CERTIFICATIONS

License / Registration / Certification	Issuing Party	Date Issued
_____	_____	_____
_____	_____	_____
_____	_____	_____

## FORMER EMPLOYERS (LIST BY MOST RECENT EMPLOYER)

COMPANY NAME	PAY	DATE	JOB DESCRIPTION	REASON FOR LEAVING
_____	STARTING	FROM	_____	_____
ADDRESS	\$	_____	_____	_____
_____	ENDING	TO	_____	_____
ROLE	\$	_____	_____	_____
COMPANY NAME	PAY	DATE	JOB DESCRIPTION	REASON FOR LEAVING
_____	STARTING	FROM	_____	_____
ADDRESS	\$	_____	_____	_____
_____	ENDING	TO	_____	_____
ROLE	\$	_____	_____	_____

## REFERENCES (LIST INDIVIDUALS NOT RELATED TO YOU AND WHOM YOU HAVE KNOWN FOR AT LEAST ONE YR.)

NAME	ADDRESS	TELEPHONE	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to prove any and all information concerning my previous employment.

\_\_\_\_\_

Job Seeker's Name ( PRINT NAME )

Signature

### IN CASE OF EMERGENCY NOTIFY

\_\_\_\_\_

NAME

ADDRESS

TELEPHONE #

## One-Stop Service Form

### Instructions:

After the job seeker registers for NCWorks at your site, or updates their existing NCWorks account:

1. **Both you and the job seeker must complete and sign this form.**
2. If any additional services were provided, please be sure to fill out the "Provided Services" section of the form as well.

### NCWorks Registration Verification

Is the job seeker registered with NCWorks?

YES

NO

### Job Search History

Has the job seeker actively searched for a job using a WOIA Title I One-Stop service?

YES

NO

### MIN Verification

Was the job seeker unable to find employment after using WOIA Title I One-Stop services?

YES

NO

### Provided Services

*Please select all services ever provided to the job seeker*

Resume Building

Computer Training

Career Advising

Job Boards (Indeed, Monster, LinkedIn)

Job Searching Skills

Other: \_\_\_\_\_

Job Seeker's Name:

\_\_\_\_\_

**PRINT**

Job Seeker's Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

NCWorks Staff Name:

\_\_\_\_\_

**PRINT**

NCWorks Staff Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_