

Senior Community Service Employment Program

At Maui Economic Opportunity Inc. (MEO), we provide paid work experience and assist seniors find jobs by taking advantage of the **Senior Community Service Employment Program (SCSEP)**. SCSEP is an on-the-job training and employment program designed to help those **unemployed who are seeking employment, low income, aged 55 years and older** update their job skills, build work experience and confidence, and continue to have economic security and well being.

If eligible, SCSEP participants will be assigned to a host agency for training and will work 15 to 19 hours weekly and be paid the minimum wage of \$ 10.10. While in the program, participants will actively do job search and submit employment applications to employers. Once obtaining a regular job , SCSEP Program Staff must be notified immediately. All participants who obtained a job will be exited from the SCSEP program and Program Staff will conduct scheduled employment follow-ups for one year to ensure that participants who exited are doing well. If interested, call Carmelei @ 249-2970 or complete and submit the initial application and attach required documents from the eligibility checklist.

Types of Training:

1. Housekeeping/Custodial
2. Ground Maintenance
3. Receptionist/ Office Aide
4. Adult Day Care Aide



**Senior Community Service Employment Program (SCSEP)
Initial Application**

Date of application: _____

Applicant:
Last Name _____ First Name _____ Initial _____
Telephone: _____ Family Size: _____
Gender: _____ Last grade completed: _____
Social Security Number : XXX-XXX- _____ Date of Birth _____
Age: _____ Race: _____ Permanent Resident/USA: yes ___ no ___
Physical Address: _____

Mailing Address: _____

Homeless: yes ___ no ___
Receiving Public Assistance: yes ___ no ___ if yes, specify _____
Employed: yes ___ no ___
Did you volunteer before application: yes ___ no ___
Veteran: yes ___ no ___
Disability: yes ___ no ___

Employment interest: _____

Applicant:
Total gross monthly income 1: \$ _____ Source of income: _____

Spouse:
Total gross monthly income 2: \$ _____ Source of income _____

If zero income, how do you support yourself? _____

*If zero income is claimed, applicant signed self-attestation or signed third party attestation that explains how applicant support self is required

Applicant signature: _____ Date: _____

The Promise of Community Action
Community Action changes people's lives, embodies the spirit of hope, improves communities, and makes America a better place to live. We care about the entire community, and we are dedicated to helping people help themselves and each other.





**SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM
Documents CHECKLIST:**

Please submit one document only from each category listed:

___ **Proof of Birth Date/Age:** Birth Certificate, Baptismal Record, Driver's License, DD-214, Federal, State or Local Government Identification Card, Public Assistance Records, Passport, Hospital Record of Birth

___ **Proof of residence:** Utility Bill, Driver's License, Postmarked Mail, Lease or Rent Receipt, Landlord Statement, Public Assistance Record, Property Tax Record, Food Stamp Award Letter, Computer Print-out from Govt. Agency, Homeless Verification, Housing Authority Verification, Insurance Policy (Residence or Auto), Letter from Social Service Agency,

___ **Proof of income:** Pay Stubs, Receipt of Lottery Winnings, Employer Statement/Contract, Alimony Agreement, Pension Retirement, Bank Statement, Education Assistance, Survivor's Benefits, Interest and Dividends, Court Award Letter, Farm or Business Financial Records, Housing Authority Verification, Pension Statement, Quarterly Estimated Tax for Self-Employed, Social Security Benefits, Rent-Royalties-Estate and Trust, Compensation Award Letter

- Proof of income 12 months prior to application date is required.

___ **Citizenship/Alien Status:** Alien Registration, Birth Certificate, Hospital Record of Birth, Naturalization Certificate, U.S. Passport, Food Stamp Records, Public Assistance Records, DD-214, Native American Tribal Documentation,

___ **Proof of Social Security Number:** Social Security Card, Employment Records, Pay Stub, W-2 Form, DD-214, Letter from Social Service Agency, IRS Form Letter, SS Benefits

___ **Individual/Family Size:** Public Housing Authority Statement, Public Assistance Records, Lease, Landlord Statement, Divorce Decree, Disabled, Marriage Certificate, Most Recent Tax Return

___ **Proof of Disability for individuals declaring disabilities:** Psychiatrist's Diagnosis, Physician's Statement, Psychologist Diagnosis, SSA Disability Records, V.A. Letter Records, Vocational Rehab. Records, Sheltered Workshop Certification

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APPLICATION FOR EMPLOYMENT

**Maui Economic
Opportunity, Inc.**
P.O. Box 2122
Kahului, HI 96733



| | |
|---|--|
| Date: | |
| Renewed: | |
| Job/Position you are applying for: (Do not leave blank) | |
| | |
| Note: If hired, you will be required to perform work as required by the agency. | |

GENERAL INFORMATION

| | | | | |
|----------|--------|------|---------|------------|
| Name: | | | | |
| Address: | | | | Telephone: |
| City: | State: | Zip: | E-Mail: | |

Thank you for your interest in Maui Economic Opportunity, Inc. You must properly complete ALL portions of this employment application to be considered for employment at our agency. If you require accommodation during the employment application process, including assistance in the completion of this application, please let us know. MEO is an equal opportunity employer; we do not discriminate on the basis of age, sex, race, religion, color, national origin, ancestry, marital status, disability, arrest and court record, sexual orientation, military service or other protected categories in accordance with state and federal laws. This employment application is valid for a one-month period after submission to the agency and only for the position applied.

PREVIOUS EMPLOYMENT (Starting with most recent, list all employers for the last ten years and account for any periods you were NOT working, attach additional sheets if necessary. Please note name worked under if different from current name.

| Name and Address of Former Employer | Dates Employed | Position and Duties | Salary | Reason for leaving |
|-------------------------------------|----------------|----------------------|----------|--------------------|
| Company Name & Phone No: | From (Mo/Yr) | | Starting | |
| Mailing Address: | To (Mo/Yr) | | Ending | |
| City, State and Zip Code: | | Immediate Supervisor | | |
| Company Name & Phone No: | From (Mo/Yr) | | Starting | |
| Mailing Address: | To (Mo/Yr) | | Ending | |
| City, State and Zip Code: | | Immediate Supervisor | | |
| Company Name & Phone No: | From (Mo/Yr) | | Starting | |
| Mailing Address: | To (Mo/Yr) | | Ending | |
| City, State and Zip Code: | | Immediate Supervisor | | |
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| Company Name & Phone No: | From (Mo/Yr) | | Starting | |
| Mailing Address: | To (Mo/Yr) | | Ending | |
| City, State and Zip Code: | | Immediate Supervisor | | |

REFERENCES: (Not Relatives)

| | | | |
|---------|-------------|------------|--------------|
| Name | Association | Occupation | |
| Address | City | Zip | Phone Number |
| Name | Association | Occupation | |
| Address | City | Zip | Phone Number |

EDUCATION:

| Name of School | Address | No of Years Attended | Degrees |
|----------------|---------|----------------------|---------|
| High School | | | |
| College | | | |
| Other | | | |

OTHER:

| | | |
|--|--------------|--------------------|
| Do you know anyone working for our agency? | If so, who? | Relationship |
| Have you previously worked for our agency? | If so, when? | Reason for leaving |

It is our policy to hire only U.S. Citizens and aliens who are authorized to work in this country. (As a condition of employment, you will be required to produce original documents establishing your identity and authorization to work, and to complete the U.S. Immigration and Naturalization Services' Form I-9.)

PLEASE READ CAREFULLY BEFORE INITIALING AND SIGNING

A. I certify that the information contained in this application is true and correct to the best of my knowledge, and understand that any false or misleading statement or omission, whenever discovered, regarding this application is a reason for disqualification from further consideration or for termination of employment. I authorize any investigation of the above information for purposes of verification.

Initial _____

B. If employed by MEO, I agree to conform to the guidelines and policies of the agency, and understand that **MY EMPLOYMENT IS COMPLETELY VOLUNTARY (AT WILL) AND CAN BE TERMINATED AT ANY TIME FOR ANY REASON BY THE COMPANY OR MYSELF WITH OR WITHOUT CAUSE OR REASON AND WITH OR WITHOUT NOTICE.** I further agree that I have not been promised continuing employment and that no representations have been made that I will be retained for any term of employment.

Initial _____

C. I consent to and authorize MEO to make a full and complete investigation of my personal or employment history and authorize any former employer, person, firm, corporation, school, government agency or other entity to provide the agency with any information of any sort (including fact or opinion) they may have in regard to me. In consideration of the agency's review of this application, I release MEO and all providers of any liability as a result of furnishing and receiving this information. I understand and agree that if offered employment by MEO, any such employment offer will be dependent upon receipt of satisfactory references as determined by the agency. If employed by MEO, I further authorize the agency to provide truthful information regarding my employment to any potential or future employer and release and waive any claims against the agency for truthfully communicating any such information to a potential or future employer.

Initial _____

D. I understand and agree that if offered employment by MEO, I may be subject to a post-employment offer criminal background check in accordance with state and federal laws.

Initial _____

E. I understand and agree that I may be required to submit to drug testing and a complete post-offer medical examination, as part of my application for employment. I also understand and agree that I may be required to submit to a complete medical examination during my employment with the agency, provided that such examination is job related and consistent with business necessity. The cost of such examination will be paid by the agency. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to the agency in accordance with state and federal laws. Also, I agree to fully cooperate and provide MEO with any additional consent(s) and/or release(s) as required by the agency to investigate my employment application background.

Initial _____

F. I understand and agree that if offered employment by the agency, I may be required to disclose military service information in accordance with law, and that any such employment offer shall be dependent upon the receipt of a satisfactory military record as determined by the agency.

Initial _____

G. I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with MEO if I am employed by the agency.

Authorization / Signature of Applicant

Date