



HONOLULU COMMUNITY ACTION PROGRAM, INC.
SCSEP APPLICATION

PLEASE PRINT OR TYPE

NAME SOCIAL SECURITY: / /

Last First Middle

ADDRESS: Home Phone:

City: State: Zip Code: Business Phone:

Are you a U.S. Citizen, American National, Permanent Resident Alien, Lawfully admitted refugee, or otherwise authorized by the U.S. Attorney General to work in the United States? YES NO.

How did you hear of the SCSEP Program?

- Friend Senior Center Host Agency
State Employment Service Advertisement/Poster Other

Type of Job(s) I am interested in:

- I am over 55 I am over 60 I meet the SCSEP criteria

Have you applied or been employed by HCAP before: YES NO

If YES, give date and position:

EDUCATION AND SPECIAL TRAINING:

Circle highest school grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED.

Graduated from High School: YES NO.

List below all High School, Colleges, Universities, Business Schools or Vocational School Training Received.

Table with 4 columns: NAME OF SCHOOL, ADDRESS, COURSES, DIPLOMA/DEGREE

LICENSE:

Driver's License: YES NO TYPE EXPIRATION DATE:

EXPERIENCE: Begin with most recent employer. Describe work personally performed by you.

Company: _____ FROM: _____ TO: _____
Address: _____ Full Time Part Time
Salary/Wages: _____ Name & Title of Supervisor: _____
Your Title: _____ Duties: (Include % of time): _____

Reason for Leaving: _____

Company: _____ FROM: _____ TO: _____
Address: _____ Full Time Part Time
Salary/Wages: _____ Name & Title of Supervisor: _____
Your Title: _____ Duties: (Include % of time): _____

Reason for Leaving: _____

Company: _____ FROM: _____ TO: _____
Address: _____ Full Time Part Time
Salary/Wages: _____ Name & Title of Supervisor: _____
Your Title: _____ Duties: (Include % of time): _____

Reason for Leaving: _____

COMMENTS:

CERTIFICATE OF APPLICANT: I HEREBY CERTIFY, that all the statements made on or in connection with this application are true and correct, and I agree and understand that any misstatement or omissions of material facts may cause forfeiture on my part of all rights to any SCSEP program benefit and services.

Signature of Applicant

Date

NOTE: APPLICATIONS WILL BE HOLD FOR 90 DAYS. AFTER THAT TIME, APPLICANTS NEED TO SUBMIT A NEW APPLICATION FOR CONSIDERATION.

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)

Eligibility for SCSEP requires that you are now and will remain actively seeking regular work.

You must continue to look for work if your application is to remain active with us. We must hear about your attempts to get job interviews and the status of your application if you expect us to continue to consider your application for SCSEP.

We judge your appropriateness for SCSEP based on your efforts to look for work and the response you make to job leads that we give you. Starting now you will look for work:

1. BEFORE you enroll in SCSEP.
2. While a SCSEP enrollment is PENDING and you are waiting to start a known assignment.
3. Once you have a SCSEP work site assignment, YOU MUST CONTINUE LOOKING FOR A BETTER JOB or lose your assignment to someone who is more likely to be looking for work. You must be actively seeking regular work to remain eligible for SCSEP.

CONTRACT OF UNDERSTANDING REGARDING CONTINUALLY SEEKING WORK

I agree now and as long as I am with SCSEP to be actively seeking employment.

SCSEP Applicant

DATE

SCSEP Employment Counselor

DATE

We have new applicants almost every day. This is far more than we will be able to place. Keep looking for regular jobs at State Employment, Job Help and the classified ads in the Sunday newspaper.

SCSEP work sites are NOT volunteer positions, nor is the pay just a supplement to retirement; rather it is a step towards regular employment. You must keep looking for regular work.

The current hourly wage is \$7.25 (minimum wage), from which taxes and Social Security will be deducted.

The Federal Government which supplies our funds requires that SCSEP workers continue looking for regular jobs. Even in our poor economy there are many better paying jobs, or jobs with more hours.