

**NATIONAL ASIAN PACIFIC CENTER ON AGING
SENIOR ENVIRONMENTAL EMPLOYMENT (SEE)
PROGRAM ENROLLEE APPLICATION**

(All information is voluntary)

Please Note: Under PL 98-313, an individual must be at least 55 years of age to qualify for the Senior Environmental Employment (SEE) Program. Individuals will be asked to provide proof of birth date.

Name: _____

Today's Date: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Social Security: _____

Birth Date: _____

Do you have access to a computer: Yes No

Have you ever worked for the U S Environmental Protection Agency or the SEE Program? No Yes

If YES, when? From: _____ To: _____ Where _____

Are you related to any staff member or Board member of NAPCA, or to an enrollee of any Program administered by NAPCA? No Yes

If yes, please identify the name of each individual, their position, and your relationship. _____

Can you submit verification of your legal right to work in the U.S.? Yes No

EDUCATION:

High School AA Degree – Major _____

BA or BS Degree – Major _____ Other Ed. _____

OFFICE EQUIPMENT SKILLS:

Please check each type of equipment and computer applications that you have experience on:

Typewriter

Computer Hardware

() IBM-compatible

() Apple/MacIntosh

Computer Operating Systems

() DOS

() Windows

() Apple/McIntosh

() Other _____

Business Machines

() FAX

() Copy Machine

() Switch Board

() Multiple Phone Lines

Word Processing

() Word Perfect

() MS Word

() Other _____

Spreadsheets

() MS Excel

() Lotus 123

() Other _____

Data Base

() MS Access

() Dbase III/IV

() Other _____

Other Specialties

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(REQUIRED) If a conditional offer of enrollment is made to you, a background investigation will be conducted by EPA before enrollment is allowed. Please check here to indicate that you understand that you must clear EPA's security processing after any conditional offer is made, and that you consent to a background investigation. Yes, I understand

All background checks are done through EPA and its Security Program, and are solely at the discretion of EPA. NAPCA has no control over this procedure.

WORK HISTORY: LIST MOST RECENT POSITION FIRST.

Employer's Name / Supervisor's Name	Address / Phone / Email address	Dates Employed	Job Title Major Duties	Salary Start/End

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By whom were you referred for a position here? _____

List three business references (supervisors or coworkers) whom we may contact.

Name and Title	Company	Phone Number / Email Address

I hereby certify that there are no willful misrepresentations and no falsifications in any of the statements and answers to questions on this application. I am aware that should investigation disclose same, such disclosure will constitute grounds for immediate dismissal.

If selected, continued SEE Program enrollment is contingent on my successful completion of Personal Identity Verification (PIV), Finger Printing, and a National Agency Check with Inquiries (NACI). (The questionnaire is Standard Form SF85 and may be found at www.OPM.gov, under Forms.)

I understand that if I shall be enrolled in the SEE Program, my enrollment will be “employment at will” and either of us may terminate our relationship for any reason. I may be discharged at any time for my inability to adapt myself to duties of my enrollment or if funding for my position runs out.

I hereby consent to and authorize any of my former employers to furnish any and all relevant information concerning my previous employment record. I release all parties connected with any request for information from all claims, liability and damages for whatever reason arising out of furnishing this information.

Applicant's Signature

Date