

human service programs box 309 / 25 lake louise marie rd rock hill, new york 12775 800.622.8272 / 845.796.3400

APPLICATION for EMPLOYMENT

Please answer all questions completely and accurately. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. (please note this application will be considered active for 90 days. Any applicant Date of Application wishing to be considered beyond this time period should submit another application) **Applicant Information** First Name_____ Middle Initial____ Last Name____ Address______State____Zip____ 1st Telephone Number_____2nd Telephone Number_____ Email Address If you are under 18 years of age, can you provide required proof of your eligibility to work? YES or NO Have you ever filed an application with us before? YES or NO If yes, give date Are you currently employed? YES or NO May we contact your present employer? YES or NO Are you prevented from lawfully becoming employed in this country due to a Visa or immigration status? YES or NO Have you been convicted of a felony within the last 7 years? YES or NO **Position Information** Position(s) Applied For Desired Salary On what date would you be available to work?__ Are you available to work: FULL TIME or PART TIME Can you travel if a job requires it? YES or NO Are you currently on "lay-off" status and subject to recall? YES or NO **Education Information** City State High School Name Receive High School Diploma? YES or NO College University_____State_____ How many years of College have you completed?_____ Graduation date/Projected graduation date_____ What is/was your course of study?_____ College University_____State_____

Job Related Skills				
List any languages other than	English that you speak flu	ently		
Mark all (equipment operated	d) skills that apply			
Windows 7	Microsoft Outlook	Microsoft Word	Microsoft Excel	
Dual Monitors	Calculator	OTHER		
List any licenses or certification	ons you have that you feel	would be of value to this job or	ISA:	
Any specialized training, appr	enticeship, and skills:			
Employment Experience - sta reason for no employment du	•	employer first. Include any gaps	in employment and state the	
Employer		Job Title		
City	State	Telephone Numbe	er	
Supervisor	Star	Start Date End Date		
Starting Salary/Hourly Wage_		Ending Salary/Hourly Wage		
Work performed				
Reason for Leaving				
Employer		Job Title		
City	State	Telephone Numbe	er	
Supervisor	Star	Start Date End Date		
Starting Salary/Hourly Wage_		Ending Salary/Hourly Wa	ge	
Work performed				

Employer		Job Title	
City	State	Telephone Number	
Supervisor	Start Date	End Date	
Starting Salary/Hourly Wage		Ending Salary/Hourly Wage	
Work performed			
Reason for Leaving			
Employer		Job Title	
City	State	Telephone Number	
Supervisor	Start Date	Start Date End Date	
Starting Salary/Hourly Wage	Ending Salary/Hourly Wage		
Work performed			
Reason for Leaving			
References - please include name and 1. 2. 3.			
Applicants Statement			
-	-	lete to the best of my knowledge. I authorize investigation bloyment as may be necessary in arriving at an employment	
relationship with this organiza and the Employer may discha employment relationship ma	ation is of an "at will" nat orge Employee at any tim y not be changed by ar	s otherwise defined by applicable law, any employment ure, which means that the Employee may resign at any time are without cause. It is further understood that this "at will are written document or by conduct unless such change is executive of this organization.	
		se or misleading information given in my application oo, that I am required to abide by all rules and regulations o	
Signature of Applicant	D	ate	