

St. Lawrence NYSARC
6 Commerce Lane
Canton, New York 13617

EMPLOYMENT APPLICATION

(Please Print or Type)

Position Applied For: _____	Date of Application: _____	Availability: _____
_____	_____	Full time: <input type="checkbox"/> Yes <input type="checkbox"/> No Part Time: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date to Start: _____	Shift Work: <input type="checkbox"/> Yes <input type="checkbox"/> No	Relief: <input type="checkbox"/> Yes <input type="checkbox"/> No Hours you can work: _____

P
E
R
S
O
N
A
L

_____	_____	_____
Last Name:	First:	Middle I:
_____	_____	_____
Street Address:	City:	State & Zip:
_____	_____	_____
Last Four Digits S.S. No.	Home Telephone:	Work Telephone:
_____	_____	_____

May we contact you at work: Yes No Time: _____:_____ AM/PM

Have you ever applied for employment with us? Yes No If yes, month and year: _____

Have you ever been employed by us before? Yes No If yes, give date: _____

Are you legally eligible for employment in the United States? Yes No Proof of US citizenship or immigration status will be required upon employment.

Do you have a valid drivers license to operate a motor vehicle in NYS? <input type="checkbox"/> Yes <input type="checkbox"/> No State: _____
Class: _____ Restrictions: _____ License #: _____
Have you ever had a drug or alcohol related conviction, including DWI? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach explanation.
In the past three (3) years, have you been convicted of a moving violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach explanation.
Have you ever had any suspension, revocation, DWI, convictions or any occurrence involving harm to persons or property while driving? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach explanation.
Do you have a conviction or pending conviction for a felony or misdemeanor in any jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain.

Military-- Did you serve in the US Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what branch? _____
Dates of service. _____
Describe any military training received relevant to the position for which you are applying. _____

Education

If hired for a position requiring a degree, you will be required to provide verification .

Name of school/Address	Course of Study	Did you graduate?	Degree/Diploma
High School:			
Business/Trade:			
College 1:			
College 2:			

Employment

Start with your present or most recent employer.
Please give accurate and complete full-time and part-time employment record.

Company Name:

Telephone #:

Address:

Employment dates:

From:

To:

Name and Title of Supervisor:

Hourly rate/Salary:

Your Job Description and Title:

Reason for leaving:

Number Two

Company Name:

Telephone #:

Address:

Employment dates:

From:

To:

Name and Title of Supervisor:

Hourly rate/Salary:

Your Job Description and Title:

Reason for leaving:

Number Three

Company Name:

Telephone #:

Address:

Employment dates:

From:

To:

Name and Title of Supervisor:

Hourly rate/Salary:

Your Job Description and Title:

Reason for leaving:

Professional Licenses/Certification

That may Enhance your Candidacy.

Type	State	License Number	Licensing Board
------	-------	----------------	-----------------

Have you ever surrendered your license or been found guilty of professional misconduct in any state or country? ___ Yes ___ No

Have you ever been denied a license in any state or country? ___ Yes ___ No

If you answered "yes" to either question, please give explanation and attach to this application.

Membership in Professional or Civic Organizations

That may Enhance your Candidacy.

Specialized Training, Apprenticeships, Skills and Extra Curricular Activities

How did you learn about us? ___ Friend ___ Relative Other Source _____

___ Advertisement Which Newspaper? _____ ___ Job Service ___ Walk in ___ Employee

References

List Three references that are not relatives. At least two must be professional references. You must also have your references fill out and mail the enclosed form to us.

Name Street, City, State, Zip Relationship Telephone

Three horizontal lines for entering reference information.

Do you currently have friends or relatives employed with St. Lawrence NYSARC ?

Yes No If yes, please specify.

S I G N A T U R E It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I am employed. Furthermore, I understand that just as I am Free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurance to the contrary. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. I understand that employment in this Agency necessarily means accepting and abiding by all its policies and procedures and that I will be required to provide proof of citizenship or work permit, educational diplomas and professional licensure. I also understand that a background check for criminal history will be conducted for convictions and pending criminal charges.

I authorize investigation of all statements and references and to secure additional information about me, if job related. I hereby release, from liability, the employer and it's representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature of Applicant Date

10/07

For Agency Use.

Job Code

Department Code

Date

St. Lawrence NYSARC.

6 Commerce Lane
Canton, New York 13617

I authorize the release of information on my character and job performance to St. Lawrence NYSARC.

_____ Date

_____ Signature of Applicant

Name: _____ Last Four digits of S.S. No. _____

Has applied for employment with us and has stated that you were a previous employer or are someone who could attest to his(her) character. Will you please complete the following form and return it to us at your earliest convenience. Thank You.

Work Reference _____ Personal Reference _____

() Work

Dates of Employment: _____ Date of Termination: _____

Position Held _____

Reason for Leaving: _____

Would you Rehire: _____ Yes _____ No

Please rate the applicant on the following:	Excellent	Good	Adequate	Unsatisfactory	Unable to Evaluate
Quality of work performed					
Relationship with others					
Honesty					
Attendance					
Ability to take instruction					
Effective use of time					
Cooperation					
Overall rating					

() Personal

How well do you know the applicant? _____ Slightly _____ Well _____ Very well

What is your relationship with the applicant? _____

How long have you known the applicant? _____

Please rate the applicant on the following:	Excellent	Good	Adequate	Unsatisfactory	Unable to Evaluate
Appearance					
Dependability					
Honesty					
Maturity					
Judgment					

Comments: _____

Signature _____ Title _____