



## APPLICATION FOR EMPLOYMENT

**PLEASE PRINT OR TYPE – READ INSTRUCTIONS CAREFULLY**

1. Position  
Applying For: \_\_\_\_\_ Date You Can Start: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street or Post Office Box Apt. No.

\_\_\_\_\_ City State County Zip Code

Home  
Telephone: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Check the appropriate box for each question.

2. Are you under 18 years of age? Yes ☐ No ☐
3. If you are not a citizen of the United States, do you have the legal right to accept employment in the United States? Yes ☐ No ☐
4. State your current legal residence and indicate how long you have resided there.
- a. City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_

**Note: When filling out your application form, check to make sure that all appropriate questions have been answered. An incomplete application may result in its disapproval.**

### ALL STATEMENTS ARE SUBJECT TO VERIFICATION

If any additional information relative to change of name, use of an assumed name or nickname is necessary to enable a check on your work record, explain below:

5. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? Yes ☐ No ☐
6. Did you ever resign from any employment rather than face dismissal? Yes ☐ No ☐
7. Except for minor traffic violations have you ever been convicted of an offense against the law? Yes ☐ No ☐

If you answered “YES” to any of the questions above, give specifics below or on an additional sheet. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying.

\_\_\_\_\_  
\_\_\_\_\_

8. Do you have a New York State Driver's License? Yes ☐ No ☐ If yes, complete the following:

Class: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_

9. Are there any hours of the week when you cannot work? Yes ☐ No ☐ If yes, please specify:

10. Have you ever applied to this company before? Yes ☐ No ☐

11. Are you available for overtime? Yes ☐ No ☐

12. Are you available for holidays? Yes ☐ No ☐

**THE NEW YORK STATE HUMAN RIGHTS LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, MARITAL STATUS, OR CRIMINAL RECORD. ACCORDINGLY, NOTHING IN THIS APPLICATION FORM SHOULD BE VIEWED AS EXPRESSING, DIRECTLY OR INDIRECTLY, ANY LIMITATION, SPECIFICATION, OR DISCRIMINATION AS TO AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, MARITAL STATUS, OR CRIMINAL RECORD IN CONNECTION WITH EMPLOYMENT.**

**THE IMMIGRATION CONTROL AND REFORM ACT OF 1986 REQUIRES THAT EMPLOYERS HIRE ONLY UNITED STATES CITIZENS AND ALIENS LAWFULLY AUTHORIZED TO WORK IN THE UNITED STATES.**

**Please complete as fully as possible**

Circle highest year of education completed 1 2 3 4 5 6 7 8 9 10 11 12									
Have you graduated from high school? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, name and location of high school									
If you have a high school equivalency diploma, indicate Issuing Government Authority:				Number			Date of Issue		
	Name of School and City in Which Located	Date of Attendance (Month and Year) From To	Day or Night	Full or Part Time	No. of Yrs. Credited	Did you Graduate?	Course or Major Subject	College Credits Received	Type of Degree
College, Professional or Technical School									
Other Schools or Special Courses									
13. <b>LICENSES.</b> If a license, certificate or other authorization to practice a trade or profession is a requirement for this position to which you are applying, complete the following question. If not currently licensed, check this box: <input type="checkbox"/>									
Name of Trade or Profession		License Number		Granted by (licensing agency)			City or State of		
Specialty		Date License First Issued		Registered From: (Mo./Yr.) To: (Mo./Yr.)					

14. **WORKING EXPERIENCE.** Describe in detail below your previous employment. A resume will not be a substitute for completion of this section. A resume may be attached if desired. Omissions or vagueness will not be resolved in your favor.

Length of Employment From                      To Mo. ____ Yr. ____      Mo. ____ Yr. ____	Firm Name	Address	City & State
Exact Title	Describe Duties		
Name of your Supervisor			
Supervisor's Title			
Final Salary			
No. of hours worked per week			
Reason for leaving			

Length of Employment From                      To Mo. ____ Yr. ____      Mo. ____ Yr. ____	Firm Name	Address	City & State
Exact Title	Describe Duties		
Name of your Supervisor			
Supervisor's Title			
Final Salary			
No. of hours worked per week			
Reason for leaving			

Length of Employment From                      To Mo. ____ Yr. ____      Mo. ____ Yr. ____	Firm Name	Address	City & State
Exact Title	Describe Duties		
Name of your Supervisor			
Supervisor's Title			
Final Salary			
No. of hours worked per week			
Reason for leaving			

Length of Employment From                      To Mo. ____ Yr. ____      Mo. ____ Yr. ____	Firm Name	Address	City & State
Exact Title	Describe Duties		
Name of your Supervisor			
Supervisor's Title			
Final Salary			
No. of hours worked per week			
Reason for leaving			

If more space is needed to describe your work experience, please attach additional sheets.

Have you any objections to our contacting your previous or current employers? Yes ☐ No ☐ If yes, please explain:

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**REFERENCES:**

Give the name of three persons not related to you whom you have known for at least one year.

Name	Address	Years Acquainted	Phone
1			
2			
3			

**PHYSICAL RECORD**

Do you have any physical limitations that preclude you from any work for which you may be considered? Yes ☐ No ☐  
 If yes, please explain: \_\_\_\_\_

**GENERAL INFORMATION**

Subjects of special study or research work: \_\_\_\_\_

Have you ever served in the Armed Forces of the United States? Yes ☐ No ☐

**APPLICANTS STATEMENT**

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE., AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING THE SAME TO YOU".

"I UNDERSTAND AND AGREE THAT IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE".

PRINT NAME	SIGNATURE	DATE
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The Age Discrimination Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination.