

**EMPLOYMENT  
APPLICATION**

**Transitional Living Services of Northern New York  
482 Black River Parkway  
Watertown, NY 13601  
(315) 782-1777**

Prospective employees will receive consideration without discrimination because of race, color, creed, national origin, gender, age, marital status, or disability status, sexual orientation, or other bias prohibited by federal, state or local law.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_

(All staff must be available by phone for emergencies and for necessary clarification of issues that occur on their shift.

POSITION DESIRED \_\_\_\_\_ FULL or PART TIME \_\_\_\_\_

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? \_\_\_\_\_

DID ANYONE REFER YOU? \_\_\_\_\_ IF SO, WHO? \_\_\_\_\_

WHERE DID YOU LEARN ABOUT NORTH COUNTRY TRANSITIONAL LIVING SERVICES:  
\_\_\_\_\_

ARE YOU AVAILABLE TO WORK OVERTIME? \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

DO YOU KNOW OR ARE YOU RELATED TO ANYONE WHO WORKS FOR THIS AGENCY? \_\_\_\_\_

ARE YOU A VETERAN? \_\_\_\_\_ YES \_\_\_\_\_ NO

SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE	DEGREE OR DIPLOMA TYPE
HIGH SCHOOL					
BUSINESS TRADE TECHNICAL					
COLLEGE					
GRADUATE					

**EMPLOYMENT HISTORY**

**Include the last 7 years; list all previous employment; explain any periods of unemployment; list current or latest first. All boxes must be filled out completely.**

#1	EMPLOYER:
ADDRESS:	
TELEPHONE:	
SUPERVISOR:	
DATES EMPLOYED:	
TITLE OR POSITION:	
DESCRIPTION OF JOB DUTIES:	
REASON FOR LEAVING:	
MAY WE CONTACT THIS EMPLOYER TO CONDUCT A REFERENCE CHECK?	

#2	EMPLOYER:
ADDRESS:	
TELEPHONE:	
SUPERVISOR:	
DATES EMPLOYED:	
TITLE OR POSITION:	
DESCRIPTION OF JOB DUTIES:	
REASON FOR LEAVING:	
MAY WE CONTACT THIS EMPLOYER TO CONDUCT A REFERENCE CHECK?	

**EMPLOYMENT HISTORY**  
CONTINUED

#3	EMPLOYER:
ADDRESS:	
TELEPHONE:	
SUPERVISOR:	
DATES EMPLOYED:	
TITLE OR POSITION:	
DESCRIPTION OF JOB DUTIES:	
REASON FOR LEAVING:	
MAY WE CONTACT THIS EMPLOYER TO CONDUCT A REFERENCE CHECK?	

#4	EMPLOYER:
ADDRESS:	
TELEPHONE:	
SUPERVISOR:	
DATES EMPLOYED:	
TITLE OR POSITION:	
DESCRIPTION OF JOB DUTIES:	
REASON FOR LEAVING:	
MAY WE CONTACT THIS EMPLOYER TO CONDUCT A REFERENCE CHECK?	

USE ADDITIONAL SHEETS IF NECESSARY TO LIST EMPLOYMENT HISTORY

**EMPLOYMENT APPLICATION (Continued)**

DATE YOU ARE AVAILABLE TO START: \_\_\_\_\_

DO YOU HAVE A NEW YORK STATE DRIVER'S LICENSE? \_\_\_\_\_

DO YOU HAVE A CLEAN DRIVING RECORD? \_\_\_\_\_

IF NOT, LIST CONVICTION(S): \_\_\_\_\_

**PLEASE NOTE: ALL STAFF MUST BE ABLE TO DRIVE AGENCY VEHICLES.**

HAVE YOU BEEN CONVICTED OF A CRIME? \_\_\_\_\_

IF YES, LIST CONVICTION(S): \_\_\_\_\_

ARE YOU CURRENTLY CERTIFIED IN CPR OR FIRST AID TRAINING? \_\_\_\_\_

LIST THREE PERSONAL REFERENCES (EXCLUDING RELATIVES):

NAME	ADDRESS	TELEPHONE	YEARS KNOWN

USE THIS SPACE FOR FURTHER EXPLANATION OR COMMENTS YOU WOULD LIKE TO MAKE:

THE ABOVE INFORMATION, TO THE BEST OF MY KNOWLEDGE, IS TRUE AND ACCURATE, AND ANY FALSE OR OMITTED INFORMATION WILL BE GROUNDS FOR DENIAL OF EMPLOYMENT OR LATER TERMINATION.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date