

**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