

# EMPLOYMENT APPLICATION

## SYRACUSE NORTHEAST COMMUNITY CENTER

Please **TYPE** or **PRINT** clearly. To be considered for employment, this *Employment Application* must be completed and signed personally by the applicant. Each question must be answered in full, even if a resume is provided. If an answer is NO or NOT APPLICABLE, indicate such.

We are an **Equal Opportunity Employer**. We consider all applications for all positions without regard to race, religion, creed, color, sex, age, national origin, disability, sexual orientation, gender identity, transgender status, gender dysphoria, marital or family status, pregnancy, military status, veteran status, predisposing genetic characteristics or carrier status, arrest or conviction record, domestic violence victim status, or any other protected class or status. Applicants requiring a reasonable accommodation to participate in the application and/or interviewing process should notify an organization representative.

BIOGRAPHICAL DATA	Name (First, Middle, Last)		Telephone Number (    )	
	E-mail Address		Cell Phone Number (    )	
	Street Address			
	City		State	Zip Code
	Position Applied For		Salary or Hourly Wage Desired \$	
	Are you Available to Work <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary (check all that apply) <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Nights		Date Available to Begin Work	
	Are you 18 years of age or older?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your employer to obtain employment information?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever submitted an application and/or interviewed for employment with our organization? If yes, give month and year    ____/____/____			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever been employed with our organization before? If yes, give dates. From    ____/____/____ to    ____/____/____			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States? <i>Employment eligibility will be verified upon employment.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
	If you have had an opportunity to review a job description for the position for which you are applying, can you perform the essential functions of this job with or without reasonable accommodation? (check N/A if you have not reviewed a job description)			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

EDUCATIONAL BACKGROUND	Type of School Attended	Name and Location of School		Course of Study	Did you Graduate?	Diploma or Degree Obtained	GPA
	High School				Yes No	<input type="checkbox"/> None <input type="checkbox"/> Diploma <input type="checkbox"/> GED	
	College				Yes No	<input type="checkbox"/> None <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor	
	Dates Attended	From	To				
	Graduate Studies				Yes No	<input type="checkbox"/> None <input type="checkbox"/> Master <input type="checkbox"/> Doctoral	

SKILLS	List any additional skills, training, and/or technical/professional knowledge that is relevant to the job for which you are applying:	List any certificates, licenses, or professional achievements that would support your qualifications for employment:

Drivers' License Identification Number:

State of Issuance:

**(Provide your driver's license ID number ONLY if it is a requirement of the position for which you are applying)**

**EMPLOYMENT HISTORY** Provide employment information, including military service, for the last 15 years, starting with the most recent employer first. If you've held more than four jobs, provide this information on another sheet and attach to this Application Form.

**Present or Last Employer**

If current employer, may we contact?  Yes  No

Name of Employer	Phone Number
Address	City / State / Zip
Employment Dates (Month/Year)	Current or Ending Pay Rate
Title of Position	Name and Title of Supervisor
Description of duties, responsibilities and significant accomplishments	
Reason for leaving	

**Next Previous Employer**

Name of Employer	Phone Number
Address	City / State / Zip
Employment Dates (Month/Year)	Ending Pay Rate
Title of Position	Name and Title of Supervisor
Description of duties, responsibilities and significant accomplishments	
Reason for leaving	

**Next Previous Employer**

Name of Employer	Phone Number
Address	City / State / Zip
Employment Dates (Month/Year)	Ending Pay Rate
Title of Position	Name and Title of Supervisor
Description of duties, responsibilities and significant accomplishments	
Reason for leaving	

**Next Previous Employer**

Name of Employer	Phone Number
Address	City / State / Zip
Employment Dates (Month/Year)	Ending Pay Rate
Title of Position	Name and Title of Supervisor
Description of duties, responsibilities and significant accomplishments	
Reason for leaving	

**REFERENCES (List three references other than relatives)**

Name/Occupation

Phone Number

Address

City

State

Zip

Years Known

Name/Occupation

Phone Number

Address

City

State

Zip

Years Known

Name/Occupation

Phone Number

Address

City

State

Zip

Years Known

**PLEASE READ CAREFULLY AND SIGN BELOW**

I hereby certify that all of the information I have provided on this Employment Application is true and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts will disqualify me from further consideration of employment, withdrawal of any offer of employment, or, termination of employment, if already hired.

I authorize verification of all of the information I have provided on this Employment Application and understand that additional information may be needed to consider my application for employment. I authorize all previous employers, educational institutions, references, and other persons who have knowledge of me or my records to provide any and all information pertinent to my employment and release the same from any liability resulting from providing such information. I also release this organization and all of its employees from all liability for any damage that may result from reliance on the information furnished.

I understand that if employed, I am required to abide by all policies, procedures, rules, and regulations of the organization. I also understand and agree that, if hired, my employment is "at-will" and is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated by myself or the organization at any time with or without cause or notice.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_