

# Application For Employment

College Association of NCCC, Inc.  
3111 Saunders Settlement Road  
Sanborn, New York 14132

**We consider applicants for all positions without regard to race, color, religions, sex, national origin, age, marital or veteran staus, the presence of a non-job-related medical condition or disability, or any other legally protected status.**

(Please Print)

Date of Application \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Walk-In  
 Employment Agency  Other \_\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

Telephone \_\_\_\_\_  
AREA CODE

If employed and you are under 18, **you must** furnish a work permit before you begin working.

Have you filed an application here before?  Yes If Yes, give date \_\_\_\_\_

Have you ever been employed here before?  No If Yes, give date \_\_\_\_\_

Are you employed now?  Yes  No May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes  No (Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available for work? \_\_\_\_\_

Are you available to work  Full-Time  Part-Time  Shift Work  Temporary

(Check all applicable boxes)

Are you on a lay-off and subject to recall?  Yes  No

Have you ever been convicted of a felony within the last 7 years?  Yes  No  
(Conviction will not necessarily disqualify applicant from employment.)

If Yes, please explain \_\_\_\_\_

**AN EQUAL OPPORTUNITY EMPLOYER**

# Education

	Elementary	High	College/University	Graduate/Professional
School Name				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				

## Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

This application for employment shall be considered active for a period of time not to exceed 6 months. Any applicant wishing to be considered for employment beyond this time period should notify the College Association to keep the application active for a second period not to exceed 6 months.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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

\_\_\_\_\_  
Date

## FOR PERSONNEL USE ONLY

Arrange Interview  Yes  No

Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employed  Yes  No Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_

Department \_\_\_\_\_

Referral Source:  Part-time  Full-time  Year-round  Seasonal

Temporary  CASA

By \_\_\_\_\_

NAME & TITLE

DATE

# Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, disability or other protected status.

<b>1</b>	Employer	Telephone ( )	Dates Employed		WORK PERFORMED
			From	To	
	Address				
	Job Title				
	Supervisor				
	Reason for Leaving				
<b>2</b>	Employer	Telephone ( )	Dates Employed		WORK PERFORMED
			From	To	
	Address				
	Job Title				
	Supervisor				
	Reason for Leaving				
<b>3</b>	Employer	Telephone ( )	Dates Employed		WORK PERFORMED
			From	To	
	Address				
	Job Title				
	Supervisor				
	Reason for Leaving				
<b>4</b>	Employer	Telephone ( )	Dates Employed		WORK PERFORMED
			From	To	
	Address				
	Job Title				
	Supervisor				
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

**Special Skills and Qualifications:** Summarize special skills and qualifications acquired from employment or other experience.

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List professional, trade, business or civic activities and offices held. (**You may exclude** memberships which would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status):

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Give name, address and telephone number of three references who are not related to you:

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Applicants are considered for all positions, and employees are treated without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition, disability, or any other legally protected status during employment.

This data is for periodic reporting and will be kept **confidential**. **Your cooperation is voluntary**.

### Optional Survey

Government agencies at times require periodic reports on the sex, age, ethnicity, disabled, veteran and other protected status of applicants. This data is for analysis and possible affirmative action only. **Submission of information is optional and confidential.**

Check one:  Male  Female

Check one of the following Race/Ethnic Groups:

White  Black  Hispanic  American Indian/Alaskan Native  Asian/Pacific Islander

Check if any of the following are applicable:

Vietnam Era Veteran  Disabled Veteran  Disabled