

# Capital Area Peer Services

354 Central Avenue

Albany, New York 12206

Phone: (518)427-5056

Fax: (518)427-5059

## *Application for Employment*

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(Please Print)

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

Current Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Position(s) Applied for: \_\_\_\_\_ Date of Application: \_\_\_\_\_

How did you learn about us? \_\_\_\_\_

Yes

No

	Yes	No
Have you ever filed an application with us before?		
Have you ever been employed with us before?		
Are you currently employed?		
May we contact your present employer?		
Are you prevented from lawfully becoming employed in the country because of Visa or Immigration Status?		
Are you currently on "lay off" status and subject to recall?		
Do you have a driver's license?		
Can you travel if your job requires it?		

Have you ever been convicted of , been given probation or deferred adjudication of sentencing or pled no contest, or and offense other than a minor traffic violation OR are criminal charges against you currently pending? Yes \_\_\_\_\_ No \_\_\_\_\_

Conviction will not necessarily preclude employment.

# Employment Experience

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Start with your present or last job. Include any job related military service assignments and volunteer activities.

Employer: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To: \_\_\_\_\_

Work

Performed: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Work

Performed: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Work

Performed: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

# Education

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High School: \_\_\_\_\_ Course of Study: \_\_\_\_\_

Dates: \_\_\_\_\_ Diploma: \_\_\_\_\_

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College: \_\_\_\_\_ Course of Study: \_\_\_\_\_

Dates: \_\_\_\_\_ Degree: \_\_\_\_\_

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Other: \_\_\_\_\_

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Military: Branch: \_\_\_\_\_ Rank: \_\_\_\_\_

Honorable Discharge: Yes \_\_\_\_\_ No \_\_\_\_\_

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Describe any personalized training, apprenticeship, skills and extra-curricular activities

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## **References:**

Name/Title: \_\_\_\_\_ Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name/Title: \_\_\_\_\_ Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## **Applicant's Statement**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation on statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this period of time should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employed at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_