

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, veteran status, marital status, disability, handicap, sexual orientation, citizenship status or any condition prescribed by state of local law.

INSIGHT HOUSE
Chemical Dependency Services, Inc.
500 Whitesboro Street
Utica, New York 13502

APPLICATION FOR EMPLOYMENT

PERSONAL

Last Name		First	Middle	Date
Street Address			Home Telephone ()	
City, State, Zip			Business or Cell Telephone ()	
Have you ever applied for employment with us?				
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____				
Position Desired			Pay Expected	
Apart from absence for religious observance, are you available for full-time work?			Will you work overtime if asked?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you legally eligible for employment in the United States?			When will you be available to begin work? _____	
Have you been convicted of any crimes, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court?			Have you ever been bonded?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe in full.			<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", with which employers?	
Are you under any Court ordered restriction prohibiting contact or association with known felons?				
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, state when said restriction will be removed				
Other special training or skills (languages, machine operation, etc.)				

EDUCATION

SCHOOL	NAME AND LOCATION	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE	DEGREE OR DIPLOMA
Graduate					
College					
Business/Trade/Technical					
High School					
Elementary					

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

Company Name	Telephone
	()
Address	Employed - (State month and year)
	From To
Name of Supervisor	Weekly pay
	Start Last
State Job Title and Describe your Work	Reason for leaving

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We may contact the employers listed above unless you indicate otherwise.

DO NOT CONTACT

Employers _____

Reason _____

MILITARY Did you serve in the U.S. Armed Forces? Yes No If Yes, in which Branch? _____

Describe any training you received that is relevant to the position for which you are applying. _____

ADDITIONAL INFORMATION

Membership in professional and civic organizations, special accomplishments, awards, etc. (Exclude those which may disclose your race, color, religion, age or national origin)

APPLICANT'S SIGNATURE

Please read and understand this statement before signing your application:

The information I have provided in this application for employment is true, correct and complete. False, incomplete or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in 90 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I fully understand and accept all the terms and conditions in the above statement.

Date

Signature

FOR EMPLOYER'S USE ONLY

REFERENCES

EMPLOYER

PERSON CONTACTED

RESULTS

INTERVIEW RESULTS

INTERVIEWER NAME:

COMMENTS
