

**ROBINSON TERRACE**

28652 State Highway 23  
Stamford, NY 12167

**APPLICATION FOR EMPLOYMENT**

Please Print

Federal and New York State law prohibits discrimination in employment because of sex, race, creed, sexual orientation, disability or national origin.

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

Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle Initial

Present Address: \_\_\_\_\_  
No. Street City State Zip

How many years have you lived at this address? \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

Job(s) applied for: 1. \_\_\_\_\_ Rate of Pay Expected \$ per \_\_\_\_\_  
2. \_\_\_\_\_ Rate of Pay Expected \$ per \_\_\_\_\_

How did you learn of this opening? \_\_\_\_\_

Are you looking for Full-Time, Part-Time or Per Diem? \_\_\_\_\_

Specify days and hours if Per Diem: \_\_\_\_\_

Have you worked for us before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

List any friends or relatives who work for us (other than spouse): \_\_\_\_\_

Date available to start work? \_\_\_\_\_

Are there any other experiences, skills, or qualifications that you feel would especially fit you for work with this facility? \_\_\_\_\_

Do you know of any difficulties that could interfere with your ability to report to work as scheduled? \_\_\_\_\_

**Education:**

TYPE OF SCHOOL	NAME & ADDRESS	YEARS ATTENDED	GRADUATED (YES OR NO)	COURSE OR MAJOR
GRAMMAR OR GRADE				
HIGH SCHOOL				
COLLEGE				
POST GRADUATE				
BUSINESS OR TRADE				
OTHER				

**Military Service Record:**

Have you ever served in the armed forces? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, what branch? \_\_\_\_\_

Dates of duty: From \_\_\_\_\_ to \_\_\_\_\_  
Month Day Year Month Day Year

Rank at Discharge: \_\_\_\_\_

What were your duties in the Services (include special training and duty station)? \_\_\_\_\_  
\_\_\_\_\_

Have you had any schooling under the G.I. Bill of Rights? If yes, describe. \_\_\_\_\_  
\_\_\_\_\_

**Professional References**

Name	Address	Phone Number
1.		
2.		
3.		

**Personal References** (Excluding Former Employers or Relatives)

Name	Address	Phone Number
1.		
2.		
3.		

List Name, Address, and Phone Number of Previous Employers with Most Recent Employer First.	FROM	TO	IMMEDIATE SUPERVISOR	LAST SALARY Hourly, Monthly Or Yearly
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JOB TITLE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

MAY WE CONTACT THIS COMPANY/INDIVIDUAL? YES \_\_\_\_\_ NO \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

MAY WE CONTACT THIS COMPANY/INDIVIDUAL? YES \_\_\_\_\_ NO \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

MAY WE CONTACT THIS COMPANY/INDIVIDUAL? YES \_\_\_\_\_ NO \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

MAY WE CONTACT THIS COMPANY/INDIVIDUAL? YES \_\_\_\_\_ NO \_\_\_\_\_

APPLICANT'S AUTHORIZATION: \_\_\_\_\_

Occasionally the form of an application blank makes it difficult for an individual to adequately summarize his/her complete background. To assist us in finding the proper position for you in our company, use the space below to summarize any additional information necessary to describe your full qualifications.

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with this company will be based only on your merit and on no other considerations.

**PLEASE READ CAREFULLY  
APPLICANT'S CERTIFICATION AND AGREEMENT**

- The information provided in this application for employment is true, correct and complete to the best of my knowledge.
- I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.
- I authorize investigation of all statements contained this application for employment as may be necessary in arriving at an employment decision.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.
- I also understand that, if hired, I am required to abide by all rules and policies of the facility.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OFFICIAL USE - DO NOT WRITE BELOW THIS LINE**

INTERVIEW: YES NO DATE: \_\_\_\_\_ HOUR: \_\_\_\_\_

Result of Interview: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Acceptable for Employment? \_\_\_\_\_ Starting Rate: \_\_\_\_\_ Starting Date: \_\_\_\_\_ Shift: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dept: \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Employed by: \_\_\_\_\_