Application for Employment

PLEASE PRINT



178-18 Liberty Avenue Jamaica, New York 11433 718-658-0006

Position(s) Applied For		Date of Application	Date of Application					
Name o	of Referral							
Name								
	Last	First		Middle				
Address	Street	City State		Zip				
Telephone Number Are	ea Code	Social Security Number						
May we contact you at work?.			□ Yes	□ No				
If yes, work number and best t	time to call		<u> </u>					
May we contact your current E	mployer?		.□ Yes	□ No				
If under 18, can you furnish a	work permit?		.□ Yes	□ No				
Have you filed an application b	pefore?	□ Yes □ No Date:						
Have you ever been employed	d here before?	Yes 🗆 No Date:						
Are you legally eligible for emp	ployment in this country?		.□ Yes	□ No				
(Proof of U.S. Citizenship or in	nmigration status will be require	ed upon employment.)						
Date available for work								
Type of Employment desired		□ Full Time □Part Time □	Tempora	ary				
Are you on lay-off and subject	to recall?		□ Yes	□ No				
Are you able to meet the atten-	ndance and shift requirements c	of the job?	.□ Yes	□ No				
Will you agree to work overtim	ıe?		□ Yes	□ No				
Driver's license number (if requ	uired by job)	State						
from NEW YORK AUTOMOTIV	VE & DIESEL INSTITUTE if I ha	n by me in this application will be sufficient cause for cancellation of this application ave been employed. Furthermore, I understand that just as I am free to resign at any erminate my employment at any time, with or without cause and without prior notice.		•				
, , ,	· ·	to secure additional information about me, if job related. I hereby release NEW YOI or seeking such information and all other persons, corporations or organizations f						
Signature of Applicant		Date						

AN EQUAL OPPORTUNITY EMPLOYER

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer	Telephone		Dates E	mployed	Summarize the nature of the work
			From	То	performed and job responsibilities
Address					
Job Title					
Immediate Supervisor and Title					
Reason for Leaving			_		
May we contact for reference?	□ Yes □ No	□ Later			
Employer	Telephone		Dates E From	mployed To	Summarize the nature of the work performed and job responsibilities
Address			FIOIII	10	
Job Title					
Immediate Supervisor and Title			-		
Reason for Leaving			-		
May we contact for reference?	□ Yes □ No	□ Later	_		
Employer	Telephone		Dates E	mployed	Summarize the nature of the work
Address			From	То	performed and job responsibilities
Job Title					
Immediate Supervisor and Title					
Reason for Leaving					
May we contact for reference?	□ Yes □ No	□ Later	-		
Employer	Telephone		Dates E	mployed	Summarize the nature of the work
Address			From	То	performed and job responsibilities
Job Title					
Immediate Supervisor and Title					
Reason for Leaving			-		
May we contact for reference?	□ Yes □ No	□ Later	-		
Comments (including explanat					
Skills and Qualifications	Summarize specia	l skills and o	aualifications ac	cauired from e	employment or other experiences
that may qualify you to work w			,		, ,,

Educational Background

A.	List last three (3) schools attended, starting with last of	e. B .	List number of years completed.	C.	Indicate degree or diploma earned,
if a	ny, D. Grade Point Average or Class Rank, and E. Ma	jor an	d minor field of study (if applicable).	

A. School	B. No. Years Completed	C. Degree Diploma	D. GPA Class Rank	E. Major	F. Minor

List any foreign language(s) and check the box that best describes your skill level.

Language	Read and Write	Read and Speak	Read Only	Speak Only

References

List name and telephone number of three (3) business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three (3) school or personal references who are not related to you.

Name	Telephone Number	Years Known

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

List special accomplishments, publications awards. protected status.)		e, religion, national origin, age, col	lor, disability or other
List any additional information you would like us to co	onsider		

Voluntary Affirmative Action Information

(Completion of Information Below is Voluntary)

group.				, , ,
Date:				
Position(s) applied for				
Referral Source				
□ Advertisement □ Employee □ Private Employment Agency	☐ Relative ☐ Other	□ Walk-in □ So	chool 🛘 Governmen	t Employment Agency
Name of Source (if Applicable)				
Applicant's Name				
Last	First	Middle	Area Coo	de Phone
AddressStreet		City	State	Zip Code
As required, we comply with government reconstruction in an effort to comply with government reconstruction. Your cooperation is appreciated. Please be advised that your survey is not a	ordkeeping, reporting	g and other legal obligation	ns, we ask that you compl	
not be used in any hiring decision. Check one:				Male □ Female
Check one of the following Race/Ethnic Gro	nun:			
☐ Hispanic ☐ Black	□ White	☐ American Indian	n/Alaskan Native	Asian/Pacific Islander
SPECIAL NOTICE TO VIETNAM V MENTAL HANDICAPS OR DISABI		BLED VETERANS AN	ND INDIVIDUALS WI	TH PHYSICAL OR
Government contractors subject to the Vietake affirmative action to employ and advindividuals.				
You are invited to volunteer this information information will be considered confidential,				
IF YOU SO WISH TO BE IDENTIFI	ED, PLEASE CH	ECK IF ANY OF THE	FOLLOWING ARE AI	PPLICABLE
□ VIETNAM ERA VETERAN	□ DISABLE	D VETERAN	☐ HANDICA	PPED INDIVIDUAL

To be completed by applicant – Not for interview purposes – To be filed separately from application This information is used to satisfy the affirmative action requirements of Section 503 of the Rehabilitation Act or necessitated by another federal law or regulation.