

Employment History

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

Employer	Telephone ()	Dates Employed From To	Summarize the type of work performed and job responsibilities
Address			
Job Title	Hourly Rate/Salary Starting		
Immediate Supervisor and Title	\$	Per	
Reason for Leaving	Hourly Rate/Salary Final		
May we contact for reference	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		

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May we contact for reference	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		

Comments (Including any explanation of any gaps in employment)

Skills and Qualifications - Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background If Job-Related

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate whether or not you graduated. D. Indicate degree or diploma earned, if any. E. Major field of study. F. Minor field of study (if applicable).

A. SCHOOL	B. YEARS COMPLETED	C. GRADUATED	D. DEGREE DIPLOMA	E. MAJOR	F. MINOR

References

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

NAME	TELEPHONE	YEARS KNOWN
	()	
	()	
	()	

Additional Information

List professional, trade, business or civic associations and offices held.

Exclude memberships which would reveal race, creed, sex, national origin, religion, age, disability, Marital status, sexual orientation or citizenship status.

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards, etc.

Exclude memberships which would reveal race, creed, sex, national origin, religion, age, disability, Marital status, sexual orientation or citizenship status.

List any additional information you would like us to consider.

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering, and using such information and all other persons, corporations or organization for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand that if I am employed, a criminal conviction clearance may be done as required by Social Services Law.

I understand that although this Agency makes every effort to accommodate individual preferences, the nature of our program may involve a work schedule other than Monday - Friday.

I understand that a medical examination is required by Social Services Law for all employees.

I understand that it is this Agency's policy not to refuse to hire a qualified individual with a disability because of that person's need for reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____

Date _____ / _____ / _____

The William George Agency is an Equal Opportunity Employer.