



727 ULSTER AVENUE, KINGSTON, NY 12401 | www.rcal.org
TEL (845) 331-0541 | FAX (845) 331-2076 | TTY (845) 331-4527

EMPLOYMENT APPLICATION

DATE

Resource Center for Accessible Living, Inc. (RCAL) strictly prohibits discrimination and harassment on the basis of actual or perceived race, color, age, gender identity, self-image, appearance, behavior or expression, sexual orientation, creed, religion, national origin, ethnicity, disability, marital status, veteran status, alienage or citizenship status, and any other status protected under the federal, state or local regulations.

Position Applying for _____

Social Security Number _____

Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

EDUCATION / LICENSES / CERTIFICATIONS (Name & location of college, military and/or training)

Institution Name _____ Location _____

Major/Field of Study _____ Degree/Certification/Units completed _____

Institution Name _____ Location _____

Major/Field of Study _____ Degree/Certification/Units completed _____

REFERENCES (List 3 work/school related people to contact who know your skills and qualifications.)

Name/Title _____ Association with you _____

Telephone _____ Email _____

Name/Title _____ Association with you _____

Telephone _____ Email _____

Name/Title _____ Association with you _____

Telephone _____ Email _____

EMPLOYMENT HISTORY (Please list most recent first.)

Employer _____ Position _____ Dates _____

Address _____

Supervisor _____ Telephone/Email _____

Reason for Leaving _____

(over)

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Employer _____ **Position** _____ **Dates** _____

Address _____

Supervisor _____ Telephone/Email _____

Reason for Leaving _____

Employer _____ **Position** _____ **Dates** _____

Address _____

Supervisor _____ Telephone/Email _____

Reason for Leaving _____

Have you ever been convicted of a felony? (Answering yes does not necessarily preclude employment) Yes No

If yes, please explain _____

Have you ever been convicted of a crime including sex-related/ child abuse offenses? Yes No

If yes, please explain _____

APPLICANT'S STATEMENT: I certify that the facts contained in this application are true. I understand that if I am offered employment, any false or misleading information or the omission of any information given during this application process will be considered a material misrepresentation and may result in the revocation of the employment offer or discharge, regardless of when the material misrepresentation was made or discovered. I understand, also, that I am required to abide by all rules and regulations of the Employer.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision, such as but not limited to finger-printing and criminal background checks. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties from all liability for any damage that may result from furnishing such information to you. I authorize you to request and receive such information.

I understand and acknowledge that all New York State employment is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time and for any reason or for no reason, with or without cause or prior notice.

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

Signature of Applicant _____ Date _____

AGENCY USE ONLY

Interviewed? _____ Date _____ Time _____ By _____

Remarks _____

Offer made? _____ Title _____

Salary _____ Start Date _____ Approved by _____