

RESOURCE CENTER FOR ACCESSIBLE LIVING, INC.

727 Ulster Avenue
Kingston, NY 12401

Telephone (845) 331-0541 ♦ Fax (845) 331-2076 ♦ TTY (845) 331-4527



EMPLOYMENT APPLICATION

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.

Date: _____ Position Applied For: _____ Social Security #: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Have you previously gone by a different name? _____ If "yes" list name: _____

Present Address: _____ City: _____ State: _____ Zip: _____

Telephone No: (home): _____ (cell): _____

Email Address: _____

EDUCATION / LICENSES / CERTIFICATIONS: *

Name and location of college, military, or other schools:	Major:	Degree, certificate or units completed:
_____	_____	_____
_____	_____	_____

If applying for a clerical position: Typing: _____ wpm Knowledge of computer programs?: _____

REFERENCES: List only work/school related people to contact who know your skills and qualifications. **

1. Name: _____ Association with you: _____

Organization: _____ Position: _____ Phone: _____

2. Name: _____ Association with you: _____

Organization: _____ Position: _____ Phone: _____

3. Name: _____ Association with you: _____

Organization: _____ Position: _____ Phone: _____

EMPLOYMENT HISTORY**

Employer: _____ Position: _____ Dates of Employment: _____

Address: _____

Supervisor Name & Title: _____ Tel No: _____

Reason for Leaving: _____ Were you fired? _____ Yes _____ No

If "yes", please explain: _____

Employer: _____ Position: _____ Dates of Employment: _____

Address: _____

Supervisor Name & Title: _____ Tel No: _____

Reason for Leaving: _____ Were you fired? _____ Yes _____ No

If "yes", please explain: _____

Hours you will be available to work: _____ Days _____ Evenings _____ Weekends _____ Other

When will you be available to work: _____

Previously employed by RCAL _____ Yes _____ No If "yes" indicate dates: _____

Position previously held: _____

Have you ever been convicted of a felony? _____ Yes _____ No If "yes" please explain: _____

[Answering "yes" does not necessarily preclude employment]

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 fingerprinting 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

** If information is on resume please attach.

For Agency Use Only

Interviewed? _____ Date: _____ Time: _____ By: _____

Remarks: _____

Offer made? _____ Title: _____

Salary: _____ Start date: _____ Approved by: _____