

City Access New York
Application for Employment

Equal Opportunity Employer
Date _____

Personal Information

<i>Name (Last Name First)</i>			<i>Social Security Number</i>
<i>Present Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Permanent Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Phone Number</i>		<i>Referred By</i>	

Employment Desired

<i>Position</i>	<i>Date You Can Start</i>	<i>Salary Desired</i>
<i>Are You Employed</i> ___ Y ___ N	<i>If So, May We Inquire of Your Present Employer?</i> ___ Y ___ N	
<i>Have you Ever Applied to City Access NewYork before?</i> ___ Y ___ N		<i>When?</i>

Education History

<i>Name & Location of School</i>	<i>Years Attended</i>	<i>Did You Graduate?</i>	<i>Subjects Studies</i>
<i>Grammar School</i>			
<i>High School</i>			
<i>College</i>			
<i>Trade or Business School</i>			

General Information

<i>Subjects of Special Interest/Research Work or Special Training Skills</i>	
<i>U.S. Military or Naval Service</i>	<i>Rank</i>

Former Employers (List Below Your Last Four Employers, Beginning with the Last One First)

<i>Date Month/Year</i>	<i>Name & Address of Employer</i>	<i>Salary</i>	<i>Position</i>	<i>Reason for Leaving</i>
<i>From</i> _____ <i>To</i> _____				
<i>From</i> _____ <i>To</i> _____				

<i>Date Month/Year</i>	<i>Name & Address of Employer</i>	<i>Salary</i>	<i>Position</i>	<i>Reason for Leaving</i>
<i>From _____ To _____</i>				
<i>From _____ To _____</i>				

References

(Give Below the Names of Three Persons Not Related To You, Whom You Have Know At Least a Year)

<i>Name</i>	<i>Address</i>	<i>Business</i>	<i>Years Known</i>

Other

<i>Have You Ever Been Convicted of a Crime? __ Yes __ No</i>
<i>If Yes, Please Explain</i>
<i>Have You Ever Been the Subject of a Founded Report to the State Central Abuse Registry or Similar Registry Jurisdiction? __ Yes __ No</i>
<i>If Yes, Please Explain</i>

AUTHORIZATION

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employees listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Date _____ Signature _____

Interviewed By _____ Date _____

Do Not Write Below This Line

Remarks
