



EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

(PLEASE PRINT CLEARLY)

NAME _____
Last First Middle Initial

ADDRESS _____
Number & Street City State Zip Code

PREVIOUS ADDRESS (if at current less than 3 years) _____

TELEPHONE _____
Residence Business Mobile

SOCIAL SECURITY NUMBER _____

EMAIL ADDRESS _____

WORK ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE USA? YES _____ NO _____

ARE YOU OF LEGAL AGE TO WORK? (If no, you will be required to submit a work permit) YES _____ NO _____

HAVE YOU EVER BEEN CONVICTED OR CHARGED WITH A MISDEMEANOR OR FELONY? YES _____ NO _____

IF YES, PLEASE EXPLAIN:

POSITION INFORMATION

POSITION(S) APPLIED FOR _____

SALARY DESIRED _____ DATE AVAILABLE FOR WORK _____

POSITION INTEREST: Full Time _____ Part Time _____ Temporary _____

REFERRAL SOURCE: Advertisement _____ Employee Referral _____ Search Firm _____
Website _____ Other (specify) _____

ARE YOU A RELATIVE OF A CURRENT EMPLOYEE? YES ___ NO ___ RELATIVE NAME/RELATIONSHIP _____

HAVE YOU FILED AN APPLICATION AT OUR COMPANY BEFORE? IF SO, WHEN? _____

HAVE YOU EVER BEEN EMPLOYED BY NEW YORK COLLEGE OR THE NEW CENTER? YES ___ NO ___

POSITION HELD AND DATES: _____

EDUCATION

HIGH SCHOOL

NAME AND ADDRESS _____

COURSE OF STUDY _____

CIRCLE LAST YEAR COMPLETED 9 10 11 12 DID YOU GRADUATE? YES NO

LIST DIPLOMA OR DEGREE _____

COLLEGE / UNIVERSITY

NAME AND ADDRESS _____

COURSE OF STUDY _____

CIRCLE LAST YEAR COMPLETED 1 2 3 4 DID YOU GRADUATE? YES NO

LIST DIPLOMA OR DEGREE _____

OTHER

NAME AND ADDRESS _____

COURSE OF STUDY _____

CIRCLE LAST YEAR COMPLETED 1 2 3 4 DID YOU GRADUATE? YES NO

CIRCLE LAST YEAR COMPLETED

LIST DIPLOMA OR DEGREE _____

EMPLOYMENT HISTORY (PLEASE NOTE: RESUMES ARE WELCOME, BUT CANNOT BE USED AS A SUBSTITUTE FOR THE INFORMATION BELOW. LIST YOUR THREE MOST RECENT EMPLOYERS, STARTING WITH THE MOST RECENT, INCLUDING MILITARY EXPERIENCE. PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT).

(1) EMPLOYER _____

Address _____

Job Title _____ Telephone Number _____

Supervisor Name _____ Supervisor Telephone _____

Duties Performed _____

Dates Employed From _____ To _____

Reason for Leaving _____

(2) EMPLOYER _____

Address _____

Job Title _____ Telephone Number _____

Supervisor Name _____ Supervisor Telephone _____

Duties Performed _____

Dates Employed From _____ To _____

Reason for Leaving _____

(3) EMPLOYER _____

Address _____

Job Title _____ Telephone Number _____

Supervisor Name _____ Supervisor Telephone _____

Duties Performed _____

Dates Employed From _____ To _____

Reason for Leaving _____

MILITARY SERVICE

BRANCH OF U.S. MILITARY SERVICE _____

DATES OF ACTIVE SERVICE From _____ To _____

RANK AT TIME OF ENTRY _____

RANK AT TIME OF SEPARATION _____

PROFESSIONAL REFERENCES

LIST THE NAMES OF THREE PROFESSIONAL REFERENCES, NOT RELATED TO YOU, WHO ARE FAMILIAR WITH YOUR WORK PERFORMANCE.

REFERENCE #1

NAME _____

ADDRESS _____

TELEPHONE _____

YEARS KNOWN _____

REFERENCE #2

NAME _____

ADDRESS _____

TELEPHONE _____

YEARS KNOWN _____

REFERENCE #3

NAME _____

ADDRESS _____

TELEPHONE _____

YEARS KNOWN _____

OTHER SKILLS / ACTIVITIES

ARE THERE ANY OTHER EXPERIENCES, SKILLS, OR QUALIFICATIONS THAT WILL BE OF SPECIAL BENEFIT IN THE JOB FOR WHICH YOU ARE APPLYING (INCLUDE COURSES, TRAINING, PROFESSIONAL LICENSES, PROFESSIONAL ORGANIZATIONS, ETC.).

PLEASE READ CAREFULLY AND SIGN

I certify that the above information is true and complete and understand that employment is subject to satisfactory verification of this information. I understand that falsification of this document shall be grounds for termination. I understand that, if hired I agree to conform to the policies and procedures of New York College of Health Professions. I further understand agree that my employment at New York College of Health Professions is employment at will and may be terminated at any time by me or New York College of Health Professions, with or without advanced notice, with or without cause. As required by the Immigration Reform and Control Act of 1986, I am aware that: 1. New

York College of Health Professions hires only United States Citizens or aliens authorized to work in the United States. 2. The New York College requires all new employees to complete a form verifying that they are eligible to work in the Unites States. New York College of Health Professions requires all new employees to show us original documents which establish their identity and their eligibility to work in the United States.

Signature _____ Date _____

