



Mailing Address
 P.O. Box 420
 Crugers, NY 10521
 Fax: (914) 737-4838
 email: chris@nor-west.org

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

**NOR-WEST REGIONAL SPECIAL SERVICES
 APPLICATION FOR EMPLOYMENT**

Office Location:
 293-D Furnace Dock Rd.
 Cortlandt Manor, NY 10567
 (914) 737-4797
 www.nor-west.org

PERSONAL

Last Name	First Name	Middle	Date
Street Address			Home Telephone ()
City, State, Zip			Cell Telephone ()
Have you ever applied for employment with us? () YES () NO If YES month and year: _____			Social Security #
Position Desired			If under 18, indicate W.P. #:
Are there any days you are not available to work? Please circle: Monday Tuesday Wednesday Thursday Friday Saturday			When will you be available to begin work?
Are you legally eligible for employment in the United States?			

EDUCATION

School Name and Location	Course of Study/ No. of years completed	Did you graduate? If so, what year?	Degree or Diploma
High School:		() YES YEAR: _____ () NO	
College:		() YES YEAR: _____ () NO	
Business/Trade:		() YES YEAR: _____ () NO	
Graduate:		() YES YEAR: _____ () NO	

CERTIFICATIONS (CHECK ALL THAT APPLY)

Lifeguarding	Expires:
Lifeguard Training Instructor	Expires:
Water Safety Instructor	Expires:
CPR for the Professional Rescuer	Expires:
Standard First Aid	Expires:
Other:	Expires:

HOBBIES AND SPECIAL INTERESTS:

Please list any hobbies or special interests below. If you have experience teaching your hobby, indicate this as well.

BUS OPERATOR APPLICANTS ONLY:

License Number:	Expiration Date:	Class:
Endorsements:	Restrictions:	
List all moving violations and dates within the past three years:	1. 2. 3.	Date: Date: Date:

- PLEASE COMPLETE BACK -

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer. **DO NOT STATE "SEE RESUME"**

Company Name	Telephone ()
Address	Employed – (state month and year) From To
Name of Supervisor	Weekly pay or Hourly Rate Start Last
State Job Title and Describe Your Work	Reason for Leaving

Company Name	Telephone ()
Address	Employed – (state month and year) From To
Name of Supervisor	Weekly pay or Hourly Rate Start Last
State Job Title and Describe Your Work	Reason for Leaving

Company Name	Telephone ()
Address	Employed – (state month and year) From To
Name of Supervisor	Weekly pay or Hourly Rate Start Last
State Job Title and Describe Your Work	Reason for Leaving

Company Name	Telephone ()
Address	Employed – (state month and year) From To
Name of Supervisor	Weekly pay or Hourly Rate Start Last
State Job Title and Describe Your Work	Reason for Leaving

CRIMINAL BACKGROUND CHECK:

1. Do you have any pending criminal charges which have not been annulled by a court? () YES () NO

If "YES", describe in full: _____

2. In accordance with section 390-b of the Social Service Law, I certify that to the best of my knowledge and belief that I have not been convicted of a crime in New York State or in any other jurisdiction.

SIGNATURE

DATE

3. Have you ever been bonded with an employer? _____

PERSONAL REFERENCES

In addition to the above work supervisors, please list two personal (non-relative) references we should contact (i.e. counselors, teachers, co-workers, etc)?

Name: _____ Telephone: _____ Relationship: _____

Name: _____ Telephone: _____ Relationship: _____

APPLICANT'S SIGNATURE:

The information provided in this Application for Employment is true, accurate, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that employment at Nor-West is "at will", and that acceptance of an offer of employment does not create a contractual obligation upon Nor-West to continue to employ me in the future.

Applicant's Signature

Date