

**Westchester School for Special children**  
**45 Park Ave.**  
**Yonkers, NY 10703**

Employment Application

**Personal Data:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Position Applying for: \_\_\_\_\_ Referral Source: \_\_\_\_\_

Do you have a high school diploma or G.E.D? \_\_\_ yes \_\_\_ no **(PLEASE ATTACH)**

Have you filed an application here before? \_\_\_\_\_ If so, date? \_\_\_\_\_

Have you been employed here before? \_\_\_\_\_ If so, dates? \_\_\_\_\_

Are you currently employed? \_\_\_ Yes \_\_\_ No

If Yes, where? \_\_\_\_\_

Position held: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

May we contact your employer? \_\_\_ Yes \_\_\_ No

Are you on a lay-off and subject to recall? \_\_\_ Yes \_\_\_ No

When will you be available for work? \_\_\_\_\_

Have you ever been fingerprinted? \_\_\_\_\_ If yes, when \_\_\_\_\_

Have you ever been arrested? \_\_\_\_\_ Yes, explain \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_ Yes \_\_\_ No

If yes, explain:

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Do you have any family members that are employees or students here? \_\_\_\_\_

If yes, who? \_\_\_\_\_

Do you have a legal right to be employed in the U.S.?  Yes  No  
(if yes, proof is required)

Are you of legal age to work? \_\_\_\_\_

Education (begin with most recent):

School	Course/Major	Dates Attended	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Circle the highest level completed:

Grammar School            5 6 7 8

High School                9 10 11 12

College                     1 2 3 4

If you have not earned a degree indicate how many college credits you have earned \_\_\_\_\_

Last school attended: \_\_\_\_\_

Please list previous employers and their addresses beginning with most current.  
Additional information may be provided on the back of this sheet.

1. Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Position: \_\_\_\_\_  
Employed from: \_\_\_\_\_ To: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

2. Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Position: \_\_\_\_\_  
Employed from: \_\_\_\_\_ To: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

3. Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Position: \_\_\_\_\_  
Employed from: \_\_\_\_\_ To: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

### Licenses or Certificates Held

Area: \_\_\_\_\_ Date: \_\_\_\_\_

Area: \_\_\_\_\_ Date: \_\_\_\_\_

Area: \_\_\_\_\_ Date: \_\_\_\_\_

### Additional Information

Other qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience.

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State any additional information you feel may be helpful to us in considering your application.

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**Personal References**

**Name                      Address                      Years Known                      Phone No.**

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**Applicant's Statement**

I understand that this application shall be considered active for no more than 45 days. After that time, I must resubmit a completed application to be considered for employment. Further, I understand that neither this document, nor any offer of employment from this employer, constitutes an employment contract.

I certify that answers given in this application are true and complete to the best of my knowledge. I authorize investigation into all statements I have made on this application as may be necessary for reaching an employment decision, including contact with my previous employers, as listed on this application form. In the event that I am employed, I understand that any false or misleading information I provided in my application or interview(s) may result in discharge. I understand that if employed, I am required to abide by all rules and regulations of the employer.

I hereby acknowledge that I have read and understand the above statement.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

