

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:

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.

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

Personal References

Name Address Years Known Phone No.

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, no 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

