

# Application for Employment



MILL NECK FAMILY OF ORGANIZATIONS  
40 FROST MILL RD., P.O. BOX 12  
MILL NECK, NY 11765  
(516) 922-4100 X224

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name \_\_\_\_\_ Applicant ID # \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State ZIP Code

Telephone # (\_\_\_\_) \_\_\_\_\_ Cellular/Other Phone # (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

### Referral Source (Please check the appropriate category and list the source.)

- |  |   |
|--|---|
| <input type="checkbox"/> Walk-In _____           | <input type="checkbox"/> School _____                       |
| <input type="checkbox"/> Employee _____          | <input type="checkbox"/> Job Fair _____                     |
| <input type="checkbox"/> Advertisement _____     | <input type="checkbox"/> Staffing Agency _____              |
| <input type="checkbox"/> Company's Website _____ | <input type="checkbox"/> Government Employment Agency _____ |
| <input type="checkbox"/> Other Internet _____    | <input type="checkbox"/> Other _____                        |

If necessary, best time to call you is \_\_\_\_\_ : \_\_\_\_\_  
 Home  Cellular/Other

May we contact you at work? \_\_\_\_\_  Yes  No  
If **yes**, work number and best time to call:  
(\_\_\_\_) \_\_\_\_\_ : \_\_\_\_\_

If you are under 18 and it is required,  
can you furnish a work permit? \_\_\_\_\_  Yes  No  
If **no**, please explain: \_\_\_\_\_

Have you submitted an application here before? \_\_\_\_\_  Yes  No  
If **yes**, give date(s) and position(s): \_\_\_\_\_

Have you ever been employed here before? \_\_\_\_\_  Yes  No  
If **yes**, give dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Is this application a request for reemployment  
following an extended military leave of absence  
from this company? \_\_\_\_\_  Yes  No

Are you legally eligible for employment  
in this country? \_\_\_\_\_  Yes  No

Date available for work \_\_\_\_\_/\_\_\_\_/\_\_\_\_

What is your desired salary range or hourly rate of pay?  
\$ \_\_\_\_\_ Per \_\_\_\_\_

Type of employment desired:  Full-Time  Part-Time  
 Educational Co-Op  Seasonal  Temporary

Will you relocate if job requires it? \_\_\_\_\_  Yes  No

Will you travel if job requires it? \_\_\_\_\_  Yes  No

If they have been explained to you, are you able to meet the  
attendance requirements of the position? \_\_\_\_\_  N/A  Yes  No

Will you work overtime if required? \_\_\_\_\_  Yes  No

If **no**, please explain: \_\_\_\_\_  
\_\_\_\_\_

Are you able to perform the "essential functions" of the job for which  
you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes  No  Need more information about the  
job's "essential functions" to respond

Driver's license number required if driving may be required in the  
job for which you are applying:

\_\_\_\_\_ State \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_  Yes  No

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pleaded "guilty" or "no contest" to  
or been convicted of a crime? \_\_\_\_\_  Yes  No

If **yes**, please provide date(s) and details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you entered into an agreement with any former employer or other  
party (such as a noncompetition agreement) that might, in any way,  
restrict your ability to work for our company? \_\_\_\_\_  Yes  No

If **yes**, please explain: \_\_\_\_\_  
\_\_\_\_\_

