

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: _____

