

# HOMEWORKS OF LONG ISLAND APPLICATION FOR EMPLOYMENT

(An equal opportunity employer)

<b>PERSONAL INFORMATION</b>					
NAME _____					DATE _____
LAST	FIRST	MIDDLE	SS#		
PRESENT ADDRESS _____					
		STREET	CITY	STATE	ZIP
PERMANENT ADDRESS _____					
		STREET	CITY	STATE	ZIP
PHONE NO. _____		ARE YOU 18 YEARS OR OLDER?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

<b>STATUS OF ORIGIN</b>	<small>The Immigration Reform and Control Act of 1986 requires all new employees to answer the following questions:</small>
ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES	ARE YOU AN ALIEN LAWFULLY AUTHORIZED TO WORK IN THE UNITED STATES? _____
<input type="checkbox"/> NO	<small>(FORM 19 MUST BE COMPLETED TO CERTIFY ELIGIBILITY FOR EMPLOYMENT)</small>

<b>EMPLOYMENT DESIRED</b>		
POSITION _____	DATE YOU CAN START _____	SALARY DESIRED _____
IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?		
ARE YOU EMPLOYED NOW? _____		
EVER APPLIED FOR THIS COMPANY BEFORE?	WHERE?	WHEN?
REFERRED BY _____		

<b>EDUCATION</b>	NAME AND LOCATION OF SCHOOL	**NO. OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMER SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

\* The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

<b>GENERAL</b>	
SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____	
U.S MILITARY OR NAVAL SERVICE _____	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES _____
RANK _____	
ACTIVITES (Other than Religious (Civic, Athletic, Fraternal, etc.) _____	
<small>Exclude organizations. The name or character of which indicates the race, creed, sex, marital status, age, color or national origin of its members.</small>	
SPECIAL SKILLS _____	

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## FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE, MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	TELEPHONE NO. OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM _____ TO _____					
FROM _____ TO _____					
FROM _____ TO _____					
FROM _____ TO _____					

## REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	TELEPHONE	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

I Have \_\_\_\_\_ Have not \_\_\_\_\_ ever been convicted of a Felony. Initial \_\_\_\_\_

### IN CASE OF EMERGENCY NOTIFY

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

"I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERMANENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYER IS FOR NO DEFINATE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE.

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL"

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

## DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

HIRED:  YES  NO POSITION \_\_\_\_\_ DEPT. \_\_\_\_\_

SALARY/WAGE \_\_\_\_\_ DATE REPORTING TO WORK \_\_\_\_\_

APPROVED: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
EMPLOYMENT MANAGER DEPT. HEAD GENERAL MANAGER

THIS FORM HAS BEEN DESIGNED TO STRICKLY COMPLY WITH STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS PROHIBITING EMPLOYMENT DISCRIMINATION. IT COMPLIES WITH THE PROVISIONS OF THE AMERICANS WITH DISABILITIES ACT AND THE FINAL REGULATIONS AND INTERPRETIVE GUIDANCE PROMULGATED BY THE EEOC ON JULY 16, 1991. (THIS APPLICATION FOR EMPLOYMENT FORM IS SOLD FOR GENERAL USE THROUGHOUT THE UNITED STATES. THE MANUFACURER ASSUMES NO RESPONSIBILITY FOR THE INCLUSION IN SAID FORM OF ANY QUESTIONS WHICH, WHEN ASKED BY THE EMPLOYER OF THE JOB APPLICANT, MAY COLATE STATE AND/OR FEDERAL LAW.