



EMPLOYMENT APPLICATION

Application Date:

Referring Agency:		Referring Person:	
Last Name:	First Name:	Middle Initial(s):	
Address:	City:	State:	Zip:
Telephone Number: ()		Alternate or Cell Number: ()	
Email address:		Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Social Security #: --- ---	Do you have a driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you own a vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Anything in your medical history that may prevent you from doing the job you are applying for? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, explain:			
Position Applying For?		Date you can start?	
Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Can we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Ever applied to Good Help before? Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, When?	Salary Expectation:
Are you registered at the Workforce 1 Career Center? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you a Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you a member of any NYS Labor Unions Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list _____		Are you interested in obtaining Healthcare? ____Yes ____No If yes, would you like to be contacted by a Navigator specialist? ____ Yes ____ No	

Current Means of Support

Please check all that apply: Unemployment <input type="checkbox"/> Public Assistance or TANF <input type="checkbox"/> SSI <input type="checkbox"/> Food Stamps <input type="checkbox"/>			
Other: (Write In) _____			

EDUCATION

Level	Name	Years Attended	Graduated Yes or No
High School			
College			
Trade School			
Training Program			

Please give the name of three references whom you have known for at least one year (one should be a former supervisor)

Name:	Relationship	Company	Phone #:

Date Month and Year	Name & Address	Supervisor	Position	Salary	Reason For Leaving
From:					
To:					
From:					
To:					
From:					
To:					
From:					
To:					

List any special skills you possess, include foreign languages spoken or written, computer skills if any, and any special machinery you may know how to operate.

Please describe the type of job you seek, and why you qualify:
