



# EMPLOYMENT APPLICATION

An Equal Opportunity Employer

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Legal Last Name* *Legal First Name* *M.I.*

Other names used: \_\_\_\_\_  
*(Other names by which you have been known – for verification and reference purposes)*

Address: \_\_\_\_\_  
**Current** *Street Address* *Apartment/Unit #*  
 \_\_\_\_\_  
*City* *State* *ZIP Code*

Is your current address the same as your mailing address? YES  NO  *If not, please fill in your mailing address.*

Address: \_\_\_\_\_  
**Mailing** *Street Address* *Apartment/Unit #*  
 \_\_\_\_\_  
*City* *State* *ZIP Code*

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date Available: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applying for: \_\_\_\_\_ CARD Office: \_\_\_\_\_

Have you ever worked for CARD? YES  NO  If yes, which office and when? \_\_\_\_\_

Are you 18 years of age or older? YES  NO  *If no, you may be required to provide authorization to work.*

Do you have friends or relatives currently employed at CARD? YES  NO  If yes, who? \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

## Education

Indicate last level completed: High School / GED  Associate's  Bachelor's  Post-Graduate

Name of School	City, State	Major	Degree	Month / Year Completed

### Other Education

Please list additional education, training, or other information you may feel that is helpful to us in considering your application:

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### Skills

Please list your training / skills / experience in this field or other related fields: (Include language abilities, please specify type of language)

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### Professional & Technical Applicants ONLY

Professional License Number \_\_\_\_\_ Type of License \_\_\_\_\_ State \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
*mm/dd/yyyy*

### Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO  E-mail: \_\_\_\_\_

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Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO  E-mail: \_\_\_\_\_

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Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO  E-mail: \_\_\_\_\_

**Military Service**

Have you ever served in the Armed Forces? Yes  No  If yes, from: \_\_\_\_\_ to: \_\_\_\_\_  
 Are you a member of the National Guard? Yes  No  Type of Discharge: \_\_\_\_\_

**Availability**

How many hours per week can you work? \_\_\_\_\_ hours Seeking a: Full time  Part time  Full or Part time

As a CARD employee, you may be required to drive on behalf of the company. Are you comfortable meeting this requirement? Yes  No

Do you currently have a valid driver's license? Yes  No

Per CARD's policy, employees are required to provide proof of auto insurance. Do you currently have active or state-specific automobile insurance coverage? If no, please explain: \_\_\_\_\_ Yes  No

Preferred Start Date: \_\_\_\_\_ Circle One: **Employment** / **Internship**

**AVAILABILITY:** Please cross out (X) the times that you are NOT available to work.

DAY	SUN	MON	TUES	WED	THUR	FRI	SAT
TIME							
7-8 am							
8-9 am							
9-10 am							
10-11 am							
11-12 pm							
12-1 pm							
1-2 pm							
2-3 pm							
3-4 pm							
4-5 pm							
5-6 pm							
6-7 pm							
7-8 pm							

## References

Please list **three** professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Job Source

How did you find out about this job?  CARD Client Referral  CARD Employee Referral: \_\_\_\_\_  CARD Website

CareerBuilder  Indeed  Career Fairs  College Websites  Craigslist  Social Media  Talent Care  Other: \_\_\_\_\_

## Disclaimer and Signature

I hereby acknowledge that I have been informed of duties, the hours and days of work for the position which I am applying and agree that I can perform the duties described, and that the information on this application is correct and complete to the best of my knowledge. I understand that any misstatement or omission of information is grounds for ending the hiring process or dismissal. I acknowledge that if any misstatement or omission of information is discovered after I have accepted an employment offer with CARD; it can be cause for disciplinary action, up to and including termination. I authorize verification of information provided on this application; and authorize the references listed above to give you all relevant information concerning my previous employment; and release all parties from any liability for any damage that may result from furnishing same to CARD. \_\_\_\_\_ **(Initial)**

I understand a tuberculosis test is a requirement to work at CARD and agree to abide and present the necessary documentation of proof at the time of new hire orientation. \_\_\_\_\_ **(Initial)** TB test must be in good standing and done within the last 3 years, last 1 year for NY. In some instances you will be required to present a copy of immunization for MMR/Rubella/Tetanus, such as required in NY. \_\_\_\_\_ **(Initial)**

I hereby acknowledge that my employment is "At-will", that I may resign at any time and CARD may terminate my employment at any time, with or without cause, and with or without notice, that any assurances of continued employment, whether written, oral or by conduct, shall be interpreted as changing the nature of the employment relationship unless specifically acknowledged in writing by the Executive Director of this company. \_\_\_\_\_ **(Initial)**

I hereby authorize all previous employers, educational institutions, background check entities, and other persons or entities having information about me to provide such information to CARD or other entity that obtains information for CARD. I further authorize full release to CARD, its employees, officers, directors, agents, successors and assigns, and all other parties involved in this background investigation. I understand that an offer of employment is contingent upon the outcome of my background check, and that this Disclosure and Authorization is not an offer for employment by CARD or contract for employment with CARD. \_\_\_\_\_ **(Initial)**

**Yes, I wish to receive a copy of any background check report requested about me by CARD.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_