

Argyle Central School

5023 State Route 40, Argyle, NY 12809
Telephone 518-638-8243

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, or handicap.

PERSONAL

Last Name	First	Middle	Date
Street Address			Home Phone ()
City, State, Zip			Business Phone ()
Have you ever applied for employment with us? <input type="checkbox"/> Yes If Yes, month and year: _____ Location: _____ <input type="checkbox"/> No			
Position Desired			Pay Expected
Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work?			Will you work over-time if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other special training or skills (languages, machine operations, etc.)			
How did you learn of our organization?			

EDUCATION

School	Name & Location of School	Course of Study	Year Completed	Did you Graduate?	Degree or Diploma
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High					
Other					

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS

(Exclude those which may disclose your race, color, religion, or national origin)

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1	Company Name	Telephone () -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

2	Company Name	Telephone () -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

3	Company Name	Telephone () -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

4	Company Name	Telephone () -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.

Do Not Contact

Employer Number(s) _____
Reason: _____
Employer Number(s) _____
Reason: _____

MILITARY	
Complete this section if you served in the U.S. Armed Forces	Branch of Service
Describe your duties and any special training	Period of Active Duty (Month and Year) From _____ To _____
	Rank at Discharge
	Date of Final Discharge

- ☐
- Yes

☐ No[illegible]

SIGNATURE	
<p>The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.</p>	
<p>I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.</p>	
<p>If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained, you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.</p>	
<hr/> Date	<hr/> Signature

FOR EMPLOYER’S USE ONLY

REFERENCE CHECK		
Employer	Person Contacted	Results
1		
2		
3		
4		

INTERVIEW RESULTS	
<i>Interview Name and Comments</i>	