



**OSWEGO INDUSTRIES, INC.**

Services for Individuals with Disabilities  
(315) 598-3108

*An Equal Opportunity Employer*

**APPLICATION FOR EMPLOYMENT**

**INSTRUCTIONS**

Please complete all sections on this form.  
Please print in ink.

Last Name		First Name		Middle	Social Security Number (Optional)							
Home Address			City	State	Zip							
Home Telephone ( ) ( )		Business Telephone ( ) ( )		May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Position Applying For: _____				Days and hours available.	Day	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Date Available: ___/___/___ Are you interested in (check all that apply):					From							
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer					To							

**Education**

	Name and Address of School	Course of Study/Major/Minor	No. of Years Completed	Diploma/Degree Received	Semester hours Credited
High School			1 2 3 4		
Undergraduate College			1 2 3 4		
Graduate Professional					
Other (Specify)					

**Legal**

Will you provide required verification of eligibility to work if you are under 18 years of age?  Yes  No

Have you ever been discharged from employment by any company/organization for which you have worked?  Yes  No

If yes, please explain \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Proof of citizenship or immigration status will be required upon employment.  Yes  No

Have you ever been convicted of a crime? A conviction will not necessarily disqualify an applicant.  Yes  No

If yes, please explain \_\_\_\_\_

Are there any pending criminal charges against you at this time? (This does not include charges for which you have been cleared, acquitted or otherwise exonerated by a court.)  Yes  No

If yes, please explain \_\_\_\_\_

If the position for which you are applying requires driving, have you ever been convicted of a motor vehicle moving violation offense, including, but not limited to, convictions involving alcohol and/or drugs while driving?  Yes  No

If yes, please indicate any suspension, revocation, or occurrence involving harm to human beings or property while driving.  
\_\_\_\_\_  
\_\_\_\_\_

**U.S. Military Service**

Branch of Service	Technical Specialization	Rank Attained

Applicant's Name \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_

Date Application Received \_\_\_\_\_

**For Office Use Only**

## Employment History

List employment starting with your most recent position. Account for any time during this period that you were unemployed by stating the nature of your activities. Add additional sheets, necessary.

1	Employer	From: Dates Employed To:	Starting: Hourly Rate/Salary Final:	Position(s) Held
Street Address				Telephone Number
City		State	Zip Code	Supervisor's Name
Reason(s) for Leaving				
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
2	Employer	From: Dates Employed To:	Starting: Hourly Rate/Salary Final:	Position(s) Held
Street Address				Telephone Number
City		State	Zip Code	Supervisor's Name
Reason(s) for Leaving				
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
3	Employer	From: Dates Employed To:	Starting: Hourly Rate/Salary Final:	Position(s) Held
Street Address				Telephone Number
City		State	Zip Code	Supervisor's Name
Reason(s) for Leaving				
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
4	Employer	From: Dates Employed To:	Starting: Hourly Rate/Salary Final:	Position(s) Held
Street Address				Telephone Number
City		State	Zip Code	Supervisor's Name
Reason(s) for Leaving				
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				

## Experience as a Provider of Services to People with Disabilities

List any prior or current experience as an employee, volunteer, or certified provider with Office of Mental Retardation and Developmental Disabilities (OMRDD), any other State agency or any other provider of human services; and any prior or current experience in direct care of people with disabilities. Add additional page .

1	Employer/Agency	From: Dates Employed/Volunteered To:	Starting: Hourly Rate/Salary (if any) Final:	Position(s) Held
Street Address				Telephone Number
City		State	Zip Code	Supervisor's Name
Reason(s) for Leaving				
May we contact this employer/agency? <input type="checkbox"/> Yes <input type="checkbox"/> No				
2	Employer /Agency	From: Dates Employed/Volunteered To:	Starting: Hourly Rate/Salary (if any) Final:	Position(s) Held
Street Address				Telephone Number
City		State	Zip Code	Supervisor's Name
Reason(s) for Leaving				
May we contact this employer/agency? <input type="checkbox"/> Yes <input type="checkbox"/> No				
3	Employer /Agency	From: Dates Employed/Volunteered To:	Starting: Hourly Rate/Salary (if any) Final:	Position(s) Held
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