



**Oswego Industries &  
The Arc of Oswego County**  
7 Morrill Place Fulton, NY 13069  
(p) (315) 598-3108 (f) (315) 598-3306  
**Equal Opportunity Employers**

**APPLICATION FOR EMPLOYMENT**

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

Last Name	First Name	Middle	Social Security Number (optional)
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Home Address	City	State	Zip Code
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Home Telephone ( )	Business Telephone ( )	Email Address
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Position applying for: _____ Date available: ___/___/___	Days and hours available.	Day	Mon	Tues	Wed	Thur	Fri	Sat	Sun
		From							
		To							

Are you interested in (check all that apply):  Full-time  Part-time  Temporary  Summer

**Education**

	Name and Address of School	Course of Study/Major/Minor	No. of Years Completed	Diploma/Degree Rec'd.	Semester hours credited
High School					
Undergraduate College					
Graduate Professional					
Other (please 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 you have worked for?  Yes  No

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

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Are you prevented from lawfully becoming employed in the US because of Visa or Immigration Status?  Yes  No

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

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

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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.)

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

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If the position you are applying for 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.

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Applicant's Name \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ M. I. \_\_\_\_\_  
Soc. Sec. No. \_\_\_\_\_  
Date Application Received \_\_\_\_\_

**For Office Use Only**

**U.S. Military Service**

Branch of Service	Technical Specialization	Rank Attained

**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 as necessary.

<b>1</b>	Employer	Dates Employed From: To:	Position(s) Held
Street Address		Telephone Number	
City	State	Zip Code	Supervisor's Name
Reason(s) for Leaving			<b>May we contact this employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2</b>	Employer	Dates Employed From: To:	Position(s) Held
Street Address		Telephone Number	
City	State	Zip Code	Supervisor's Name
Reason(s) for Leaving			<b>May we contact this employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3</b>	Employer	Dates Employed From: To:	Position(s) Held
Street Address		Telephone Number	
City	State	Zip Code	Supervisor's Name
Reason(s) for Leaving			<b>May we contact this employer?</b> <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 the Office for People with Developmental Disabilities (OPWDD), any other state agency or provider of human services, and any experience in direct care of people with disabilities. Add pages if needed.

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

### Special Skills and Completed Training/Courses

Please list special skills or completed training/courses which might aid in the performance of duties of the position for which you are applying. Such information must include any relevant professional license(s) held by you.				

### Employment/Experience References

Please list references who can verify your history of employment or related experience, work record and/or qualifications.				
Name	Address	Work Phone Number	Title	Years Known
		( )		
		( )		

### Personal References

Personal references who can attest to your character, reputation and personal qualifications. (Do not list relatives.)				
Name	Address	Work Phone Number	Title	Years Known
		( )		
		( )		

### Please Read Carefully

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize a complete reference check. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_