

**Employment APPLICATION**  
Finger Lakes Independence Center  
215 Fifth St  
Ithaca, NY 14850

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

**Personal Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Present Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone number ( ) \_\_\_\_\_ - \_\_\_\_\_ home or cell

**Emergency Contact:** \_\_\_\_\_ **phone #** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Position Desired**

\_\_\_\_\_

Date you can start: \_\_\_\_\_

Hours and Days available: \_\_\_\_\_

**Education**

*High School:* \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*College:* \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*Trade, business or Correspondence School:* \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**General** Subjects of study, experience, work, training or skills:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(over)

**Former Employers** (list last three employers, with the last one first)

From \_\_\_\_\_ to \_\_\_\_\_ Name of Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Name of Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Name of Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**References** Give the names of three people, **not** related to you who you have know at least one year in a professional setting. It is preferable that at least one was a supervisor you had in a work setting,

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Years Known: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Business: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Years Known: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Business: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Years Known: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Business: \_\_\_\_\_

Authorization: I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements herein and the references and employers listed above and give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

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

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