

Application for Employment

FLACRA is an Equal Opportunity and EEO/Affirmative Action Employer committed to excellence. Employment offers are made on the basis of qualifications and without regard to creed, ethnicity, citizenship, sexual orientation, national origin, sex, gender, pregnancy, disability, marital status, political or social affiliation, age, race, color, veteran status, military status, religion, sexual orientation, domestic violence status, genetic information, gender identity, gender expression or perceived gender, or any other applicable protected class, status or activity recognized by federal, state or local law.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions or your application will be deemed incomplete and may not be considered. Please fill out each box.
(Do not just indicate "See Resume.")

Position Applying For:	Name (Last, First, Middle):	Other names under which you have attended school or been employed:	
Street Address:		City, State & Zip:	
Social Security Number:	Home Phone:	Work Phone:	Other Phone:
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you 18 years of age or older?	
Have you ever been employed by FLACRA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, dates of employment & reason for leaving:	
Are you related to any current FLACRA employees or clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, name & relationship to you:	
Do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, State of issuance, license #, and expiration date:	
How did you learn about this employment opportunity at FLACRA? Check all that apply			
<input type="checkbox"/> Job Bulletin (Posting) /Walk-in <input type="checkbox"/> Internet <input type="checkbox"/> Dept. of Labor <input type="checkbox"/> Ad in <i>newspaper</i> <input type="checkbox"/> Ad in <i>magazine</i> <input type="checkbox"/> Referral by employee <input type="checkbox"/> Other:			

EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
College:		Yes No <input type="checkbox"/> <input type="checkbox"/>			
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No			

Other credentials/licenses/professional affiliations, etc., which are relevant to the job(s) for which you are applying:

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

WORK EXPERIENCE-Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT complete this information with the notation "See Resume."**

PLEASE NOTE: FLACRA reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Organization Name and Address:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
Dates Employed (most recent position) From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Organization Name and Address:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

Dates Employed (most recent position) From: To		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Organization Name and Address:			
Supervisor's Name, Title and Phone #:		Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:			Reason for Leaving:
Dates Employed (most recent position) From: To		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Organization Name and Address:			
Supervisor's Name, Title and Phone #:		Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:			Reason for Leaving:
Dates Employed (most recent position) From: To		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Organization Name and Address:			
Supervisor's Name, Title and Phone #:		Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:			Reason for Leaving:

PLEASE PROVIDE THREE PROFESSIONAL REFERENCES

1. Name: _____

Occupation: _____

Phone #: _____

2. Name: _____

Occupation: _____

Phone #: _____

3. Name: _____

Occupation: _____

Phone #: _____

**PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND
AND ACCEPT THIS INFORMATION**

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize FLACRA to investigate, without liability, all statements contained in this application and supporting materials. I authorize, without liability, references and former employers to make full response to any inquiries in connection with this application for employment.

I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of FLACRA serve at-will, and the employment relationship may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law.

If employed, I will be required to furnish proof of eligibility to work in the United States, to file a State security questionnaire, and to comply with company and departmental regulations. I understand that if employed on a per diem basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first SIX MONTHS of regular employment represent a probationary period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

This application will expire in six months. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

As part of this application, I have received and read a copy of the New York Correction Law Article 23-A.

Applicant Signature: _____ Date: _____