



EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL	(PRINT) LAST NAME FIRST MIDDLE			SOCIAL SECURITY NUMBER		DATE OF APPLICATION										
	PRESENT ADDRESS (INCLUDING ZIP CODE)					PHONE NO (INCLUDING AREA CODE)										
	POSITION DESIRED					CELL PHONE NO. (INCLUDING AREA CODE)										
						E-MAIL ADDRESS										
	WHO REFERRED YOU TO OUR COMPANY?						SALARY DESIRED									
_____ Advertisement			_____ Employment Agency													
_____ Friend			_____ Walk In													
_____ Relative			_____ Other													
<p>Are you a U.S. citizen or do you have the legal right to work indefinitely in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If applicable, state type of visa: _____</p> <p>If you are under 18 years of age, give date of birth _____ Date Available To Start Work _____</p> <p>Have you ever applied for work here before? <input type="checkbox"/> Yes, Enter Date _____ <input type="checkbox"/> No</p> <p>Can you work overtime if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have relatives or friends now employed at Cornell? <input type="checkbox"/> Yes <input type="checkbox"/> NO</p> <p>If yes, please list name(s): _____</p>																
EDUCATION	NAME OF SCHOOL		LOCATION		FROM		TO		MONTH & YEAR OF GRADUATION		Either a Diploma or GED		DEGREE (BA, MA, BS etc)		COURSE OF STUDY	
					MO.	YR.	MO.	YR.			Yes	No				
	High School															
	Technical Vocational School															
	College															
	Other															
Please list any special qualifications or skills																
U.S. MILITARY	BRANCH OF ARMED SERVICE		ACTIVE DUTY				RANK		MAJOR DUTIES							
			FROM		TO		ENTRY									
			MO.	YR.	MO.	YR.										
RESERVE STATUS												BRANCH				
ACTIVITIES	LIST NO ACTIVITY (UNLESS YOU WISH) WHICH REVEALS YOUR RACE, RELIGION, SEX, AGE, NATIONAL ORIGIN OR DISABILITY															
	SCHOOL, ATHLETIC, CLASS, SCHOLASTIC, SOCIAL				COMMUNITY & BUSINESS, SOCIAL, PROFESSIONAL				VOLUNTEER ACTIVITIES (Unpaid Work Experience)							

GENERAL	HAVE YOU EVER BEEN CONVICTED OF A CRIME (EXCLUDING MISDEMEANORS AND TRAFFIC OFFENSES)? ____ YES ____ NO IF YES, LIST CONVICTIONS:						
EMPLOYMENT RECORD	NAME AND ADDRESS OF EMPLOYER	MO. YR.	NAME, TITLE, & PHONE NUMBER OF IMMEDIATE SUPERVISOR	TITLE OF POSITION & DESCRIPTION OF JOB PERFORMED	RATE OF PAY	REASONS FOR LEAVING	
	NAME (PRESENT OR LAST EMPLOYER)	FROM			START		
	ADDRESS	TO			LEAVE		
	NAME (NEXT PREVIOUS)	FROM			START		
	ADDRESS	TO			LEAVE		
	NAME (NEXT PREVIOUS)	FROM			START		
	ADDRESS	TO			LEAVE		
	MAY WE CONTACT YOUR PRESENT EMPLOYER? ____ YES ____ NO PREVIOUS EMPLOYER? ____ YES ____ NO						
GENERAL	Where you ever employed by us before?	IF YES, IN WHAT JOB?				FROM	TO
		REASON FOR LEAVING?					
PERSONAL REFERENCES	LIST THREE PERSONAL REFERENCES (EXCLUDE RELATIVES)						
	NAME	RELATIONSHIP TO YOU			PHONE		

APPLICANT'S STATEMENT AND AGREEMENT

Read the following carefully before signing this application for employment.

The information provided by me in this application is true and complete to the best of my knowledge. Should I be employed by this Company, any misrepresentations or any false statement contained herein may be considered cause for possible dismissal.

The Company, in compliance with the provisions of the Fair Credit reporting Act of Sept. 1997, may contact directly or employ the services of investigative agencies to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment, personal history or credit standing. I reserve the right to know the names and addresses of any investigative agencies in order that I may learn the information contained in any reports furnished to the Company.

I understand this application does not constitute an employment contract of any kind. Should I be employed by the Company, I may resign such employment at any time at my discretion with or without prior notice and the Company may terminate my employment at any time in their discretion, with or without cause and with or without prior notice.

This application will be considered valid for a period of 60 days. After 60 days it will be necessary for me to submit a new application.

Signature of Applicant _____ Date _____

--Attach any additional information or documents to this application --