

Maximizing Independent Living Choices

St. Lawrence County
156 Center Street
Massena, NY 13662
(315) 764-9442 Phone
(315) 764-9464 Fax



Franklin County
41 Pearl Street
Malone, NY 12953
(518) 483-2151 Phone
(518) 483-7491 Fax

www.milcinc.org

EMPLOYMENT APPLICATION

Please Print Clearly

IF YOU REQUIRE ANY ACCOMODATION(S) DURING THE APPLICATION PROCESS, PLEASE INFORM THE DEPUTY DIRECTOR FOR ASSISTANCE

MILC is an Equal Opportunity Employer. All applicants are considered for employment without regard to race, creed, color, sexual orientation, religion, gender, age, marital status, veteran status, national origin, citizen status, disability, and any other protected groups.

Please fill out the application fully. If an item does not apply, write "N/A." Attaching a resume to the application will not be considered as filling out the application in full.

Name: _____ Date: _____

Address: _____

Contact Phone(s): (H): _____ (C): _____

Email: _____

Other Names or Aliases you have used: _____

Date Available to Start Work: _____

Will you need to provide your current employer with a two-week notice? _____

How did you hear about the position you are applying for? _____

Position you are applying for: _____

Are you 18 Years of age or older? YES NO

If NO, do you have a work permit? YES NO

Do you have a current valid NYS Driver's License? YES NO

Can you travel if required by this position? YES NO

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Education

	Name, City & State	Area of Study	Did you graduate?	Last Year Completed	Degree
High School					
College(s)					
Graduate School(s)					
Other					

Military

If you served in the US Armed Forces, please complete the following:

Branch of Service: _____

Skills/Training: _____

Dates of Active Duty: From: _____ To: _____

Rank at Discharge: _____

References

Please list 3 Professional References (no family)

Name	Relationship	Address	Telephone

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Employment History

Please list the last 4 employment positions held, starting with your current employment. Do not omit any employers. Attach a resume to provide additional relevant employment information, special programs, promotions, activities, training certificates, and job duties..

Company:	Phone:
Address:	Employed From: To:
Immediate Supervisor Name and Title:	Reason For Leaving, or desire to change jobs?:
Your Job Title and Functions:	Ending Salary: May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO If No, please explain: _____ _____ _____ _____ _____ _____

Company:	Phone:
Address:	Employed From: To:
Immediate Supervisor Name and Title:	Reason For Leaving:
Your Job Title and Functions:	Ending Salary: May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO If No, please explain: _____ _____ _____ _____ _____ _____

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Technology/Computer Skills

List all computer programs, software, and hardware you are proficient in: _____

Explanation

Please explain why you feel you are the right candidate for this position, along with any other relevant reasons you feel you would be an asset to MILC: _____

Certification

I certify that the information given by me in this application is true and complete in all respects, and I agree that if the information given is found to be false or misleading in any way, it shall be considered good cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record to MILC. I release all such persons from any liability or damages on account of having furnished such information. I understand that nothing contained in this application or granting of an interview is intended to, or will create, an employment contract between MILC and myself, or entitlement to any employment or other benefits. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding unless made in writing. If an employment relationship is established, I understand that I will be an at-will employee, meaning that I will have the right to terminate my employment at any time and MILC retains the same right to terminate my employment, at any time, for any legal reason. I understand that if employed by MILC, I will be required to comply with certain employment policies, handbooks, work rules, procedures, and other requirements/standards which may be revised, changed, and/or withdrawn at any time, as determined by MILC in its own discretion. By submitting this application, I agree to the above statements and verify that all requested information is correct.

Applicant Signature: _____

Date: _____

Print Name: _____