



St. Lawrence County: 156 Center Street Massena, NY 13662
Ph: (315) 764-9442 **Fx:** (315) 764-9464

Franklin County: 3372 St. Rt. 11, Ste D, Malone, NY 12953
Ph: (518) 483-2151 **Fx:** (518) 483-7491

Jefferson & Lewis Counties: 120 Washington St., Ste 430, Watertown, NY 13601
Ph: (315) 764-9442 **Fx:** (315) 405-4991

EMPLOYMENT APPLICATION

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: _____

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

Can you travel if required for 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					

Are you currently attending school or educational programs? ___ Yes ___ No

If yes: School: _____
 Program/Course of Study: _____
 Projected Graduation Date: _____
 Degree that will be obtained: _____

References

Please list 3 Professional References (no relatives)

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.*

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



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