

Application for Insource America™ Program

fax: 631-207-8335

We consider applicants for all positions without regard to age, race, creed, color, national origin, sex, disability, marital status, or any other legally protected status pursuant to the New York State Human Rights Law and other relevant federal, state and local laws.

(Please Print)

Position (s) Applied for	Date of Application
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Internet Advertisement www. _____ .com <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)		Social Security Number — — —

Best time to contact you at home is: _____ : _____ AM or PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filled out an application with us before? Yes No
If yes, please give date _____

Have you ever been employed with us before? Yes No
If yes, please give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No
If yes, state name, relationship, and location _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment

Are you currently on "lay off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you ever been convicted of or plead guilty to a felony or misdemeanor? Yes No

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WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer	Dates Employed		Work Performed
Address	From	To	

Phone Number			
Starting/Present Job Title		Hourly Rate/Salary	
Supervisor		Starting	Final
Reason for Leaving	May we contact?		

Employer		Dates Employed		Work Performed	
Address		From	To		
Phone Number					
Starting/Present Job Title		Hourly Rate/Salary			
Supervisor		Starting	Final		
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EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other(specify)				

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

Describe any job-related training received in the United States military.

List professional, trade, business, or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, origin, age, ancestry, disability or other protected status.

ADDITIONAL INFORMATION Other Qualifications- Summarize special job-related skills and qualifications acquired from employment or other experience

Specialized Skills (Check Skills/Equipment Operated)

___ Terminal	Production/Mobile Machinery (list)	Others (list)
___ PC/MAC	_____	_____
___ Typing WPM ___	_____	_____

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PERSONAL/PROFESSIONAL REFERENCES

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

***Do not include family members**

Date Available for work ___/___/___

Are you available to work:

- Full Time
 Part Time Please indicate Mornings Afternoon Evenings
 Temporary Please indicate date available ___/___-___/___

GOVERNMENT ASSISTANCE PROGRAM INFORMATION

Name of your Government Assistance Program	Program Benefits	Your Assigned Rep from Suffolk County Labor Board	Your Representative's Contact Information
1.			

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. ___Yes ___No

Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

<hr/> <hr/> <p>Signature of Applicant</p>	<p>Date</p>
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(revised 5/01)