

**RESOURCE CENTER FOR ACCESSIBLE LIVING, INC.**

727 Ulster Avenue  
Kingston, NY 12401

Telephone (845) 331-0541 ♦ Fax (845) 331-2076 ♦ TTY (845) 331-4527



**EMPLOYMENT APPLICATION**

Resource Center for Accessible Living, Inc. (RCAL) strictly prohibits discrimination and harassment on the basis of actual or perceived race, color, age, gender identity, self-image, appearance, behavior or expression, sexual orientation, creed, religion, national origin, ethnicity, disability, marital status, veteran status, alienage or citizenship status, and any other status protected under the federal, state or local regulations.

Date: \_\_\_\_\_ Position Applied For: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Have you previously gone by a different name? \_\_\_\_\_ If "yes" list name: \_\_\_\_\_

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No: (home): \_\_\_\_\_ (cell): \_\_\_\_\_

Email Address: \_\_\_\_\_

**EDUCATION / LICENSES / CERTIFICATIONS: \***

Name and location of college, military, or other schools:	Major:	Degree, certificate or units completed:
_____	_____	_____
_____	_____	_____

If applying for a clerical position: Typing: \_\_\_\_\_ wpm Knowledge of computer programs?: \_\_\_\_\_

**REFERENCES:** List only work/school related people to contact who know your skills and qualifications. \*\*

1. Name: \_\_\_\_\_ Association with you: \_\_\_\_\_

Organization: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Association with you: \_\_\_\_\_

Organization: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Association with you: \_\_\_\_\_

Organization: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

**EMPLOYMENT HISTORY\*\***

Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor Name & Title: \_\_\_\_\_ Tel No: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Were you fired? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes", please explain: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor Name & Title: \_\_\_\_\_ Tel No: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Were you fired? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes", please explain: \_\_\_\_\_

Hours you will be available to work: \_\_\_\_\_ Days \_\_\_\_\_ Evenings \_\_\_\_\_ Weekends \_\_\_\_\_ Other

When will you be available to work: \_\_\_\_\_

Previously employed by RCAL \_\_\_\_\_ Yes \_\_\_\_\_ No If "yes" indicate dates: \_\_\_\_\_

Position previously held: \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No If "yes" please explain: \_\_\_\_\_

[Answering "yes" does not necessarily preclude employment]

Have you ever been convicted of a crime, including sex related/child abuse offenses? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes" please explain: \_\_\_\_\_

**APPLICANT'S STATEMENT:**

I certify that the facts contained in this application are true. I understand that if I am offered employment, any false or misleading information or the omission of any information given during this application process will be considered a material misrepresentation and may result in the revocation of the employment offer or discharge, regardless of when the material misrepresentation was made or discovered. I understand, also, that I am required to abide by all rules and regulations of the Employer.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision, such as but not limited to fingerprinting and criminal background checks. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties from all liability for any damage that may result from furnishing such information to you. I authorize you to request and receive such information.

I understand and acknowledge that all New York State employment is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time and for any reason or for no reason, with or without cause or prior notice.

This application 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 whether or not applications are being accepted at that time.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\*\* If information is on resume please attach.

**For Agency Use Only**

Interviewed? \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ By: \_\_\_\_\_

Remarks: \_\_\_\_\_

Offer made? \_\_\_\_\_ Title: \_\_\_\_\_

Salary: \_\_\_\_\_ Start date: \_\_\_\_\_ Approved by: \_\_\_\_\_