



8038 Old Lake Shore Road
Angola, NY 14006

Office: 716.549.6307 Fax: 716.549.6825

email completed application to: dfilebey@cradlebeach.org

Personal Information			
Last Name, First Name Middle Name			Today's Date
Street Address	City	State	Zip Code
Home Phone: _____	Are you a United States Citizen or legally eligible to work in the U. S.? <input type="checkbox"/> Yes <input type="checkbox"/> No (if hired, you will be required to provide documentation that you are eligible to work in the U.S.)		
Cell Phone: _____			
Other: _____			
Best time to _____			
Are you 18 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Title of Position Applying For: _____			Date Available to Start Work: _____
Do you currently have a valid driver license that allows you to operate a motor vehicle in New York State? <input type="checkbox"/> Yes <input type="checkbox"/> No			
License Number: _____ State Issued: _____			
Have you ever had your driver license revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain: _____			
Have you been previously interviewed or employed by Cradle Beach? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, list date(s) and job title(s): _____			
Do you have any relatives currently working for Cradle Beach? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, list names and relationship to you: _____			
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain: _____			

Education			
Name and Location	# Years Completed	Major Area of Study	Degree/Diploma
High School			
College			
Graduate School			
Technical or Certificate Programs			

Employment History	
Please provide the following information for your previous four employers, beginning with the most recent: (Please attach an additional page if necessary, do not use "see attached resume".)	
Employer and address _____ _____ _____	Dates Employed: From: ____ To: ____
Telephone: _____	Job Title: _____
Salary Start: ____ Finish: ____	Job Duties: _____
Reason for Leaving: _____	

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Telephone: _____	Job Title: _____
Salary Start: ____ Finish: ____	Job Duties: _____
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Employer and address _____ _____ _____	Dates Employed: From: ____ To: ____
Telephone: _____	Job Title: _____
Salary Start: ____ Finish: ____	Job Duties: _____
Reason for Leaving: _____	

Describe your qualifications for the type of employment you are seeking: (Please include skills, special training, etc.)

Please list any special awards, honors, scholarships, or offices held.

References Please list names of supervisors, managers, or others who can comment directly on your abilities:				
Name	Address	Phone #	Relationship/Occupation	Years Known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I affirm that all statements made by me on this form, including attached papers, are true, complete and correct to the best of my knowledge. I understand all statements made by me in connection with this application are subject to investigation and verification and that falsification or omission of information is cause for the revocation of offer of employment or dismissal from employment. I understand that knowingly making a false statement on this application or any attachment or supporting document is punishable as a misdemeanor pursuant to Section 210.45 of the NYS Penal Law. I hereby authorize any former or current employer, military records center, or school to provide Cradle Beach and/or the hiring authority any and all information necessary to reach an employment decision including, but not limited to, information regarding my job duties, attendance, behavior, work habits, skills, abilities, claims, liabilities, damage, and relationships with coworkers, customers or supervisors.

Signature: _____ Date: _____