

Comprehensive Support Services, LLC
45 Pine Grove Avenue
Kingston, NY 12401 845-340-4500

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Equal access to employment, services and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant name: _____ Date: _____

Position applied for or type of work desired: _____

Address: _____

Telephone # _____ Alternative # _____

Type of Employment desired: ___full-time ___ part-time ___per diem ___temporary

Date you will be available to start work: _____

Are you able to meet the attendance requirements? ___yes ___no

Do you have any objection to working overtime if necessary: ___yes ___no

Can you travel if required for this position? ___yes ___no

Have you ever been previously employed by our organization? ___yes ___no

Can you submit proof of legal employment authorization and identity? ___yes ___no

If you are under 18, can you furnish a work permit? ___yes ___no

Have you ever been convicted of a misdemeanor or felony? ___yes ___no

If yes, explain (a conviction will not automatically bar employment) _____

Drivers license number (if driving is an essential job duty): _____

How were you referred to us? _____

Employment History

Please provide all employment information for your past four employers starting with the most recent. You can attach a resume.

May we contact this employer: Yes _____ No _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor & title: _____

Dates employed: from _____ to _____

Job summary: _____

Reason for leaving: _____

May we contact this employer: Yes _____ No _____

Employer: _____ Position held: _____

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Job summary: _____

Reason for leaving: _____

Other skills and Qualifications

Summarize any job-related training, skills, licenses, certificates and/or other qualifications:

Educational History

List school name and location, years completed, course of study and any degrees earned:

High school: _____

College: _____

Technical training: _____

Other: _____

References

List 3 references names, telephone numbers and years known (do not include relatives or employers):

I hereby authorize the potential employer to contact, obtain and verify the accuracy of information contained in this application from all previous employers, educational institutions and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specific length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I see employment under these conditions.

Applicant
signature _____ Date _____

Comprehensive Support Services, LLC

Employee/Applicant full name (Print): _____ Date: __/__/__

Social Security Number: ____/____/____ DOB: _____

BACKGROUND INFORMATION

During the past seven years, have you ever been discharged, suspended or asked to resign from any position?

Yes No If yes, please explain:

For the purpose of verifying information on this application, have you ever worked or attended school under a different name at any of the organizations you have listed?

Yes No If yes, specify name:

Have you ever been convicted of a crime related to your potential job duties, other than as a youthful offender?

Yes No If you answered "Yes," please describe the nature of the offense(s), the date of the convictions(s), and the nature of any rehabilitation since the conviction(s):

We reserve the right to order state or national criminal background checks on you. We will not deny you employment based upon those checks except in accordance with federal and state law.

You hereby authorize us to order a consumer credit report on you. If you request, we will advise you whether we ordered such consumer credit report, and will provide you with the name and address of the consumer reporting agency from whom we obtained the report. We will also advise you if we make a decision not to hire you based upon the information obtained from the consumer report, and provide you with the name and address of the agency from whom we obtained the report.

I certify, under penalty of perjury, that all of the above information is true and complete, and I understand that any falsification or omission of information may result in denial of employment or, if hired, may result in termination regardless of the time lapse before discovery.

MY SIGNATURE IS EVIDENCE THAT I HAVE READ THE ABOVE STATEMENTS AND AGREE THAT THEY ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. MY SIGNATURE FURTHER AUTHORIZES COMPREHENSIVE SUPPORT SERVICES TO ORDER A CRIMINAL BACKGROUND CHECK AND/OR CONSUMER CREDIT REPORT ON ME IN ACCORDANCE WITH APPLICABLE LAW.

Applicant's Signature _____ Date _____