



**THE GREATER HUDSON VALLEY  
Family Health Center, Inc.**

Administration: 2570 Route 9W, Suite 10, Cornwall, NY 12518 845-220-3100

# APPLICATION FOR EMPLOYMENT

DATE: \_\_\_/\_\_\_/\_\_\_ POSITION APPLIED FOR: \_\_\_\_\_

LAST NAME	FIRST NAME
ADDRESS	
TELEPHONE NUMBER	SOCIAL SECURITY #

BEST TIME TO CONTACT YOU AT HOME IS.....\_\_\_\_\_

IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE REQUIRED PROOF OF YOUR ELIGIBILITY TO WORK?..... YES  NO

HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE?..... YES  NO

IF YES, GIVE DATE: \_\_\_\_\_

DO ANY OF YOUR FRIENDS OR RELATIVES WORK HERE?..... YES  NO

IF YES, WHO: \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED?..... YES  NO

MAY WE CONTACT YOUR PRESENT EMPLOYER?..... YES  NO

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*

HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST 5 YEARS?..... YES  NO

CAN YOU TRAVEL IF A JOB REQUIRES IT?..... YES  NO

ARE YOU FLUENT ANY ANY LANGUAGES, BESIDES ENGLISH? \_\_\_\_\_

DATE AVAILABLE FOR WORK: .....\_\_\_/\_\_\_/\_\_\_

WHAT IS YOUR DESIRED SALARY RANGE?.....\_\_\_\_\_

ARE YOU AVAILABLE TO WORK:            FULL TIME  
    PART TIME  
    TEMPORARY

PLEASE INDICATE IF YOU ARE AVAILABLE: MORNINGS           AFTERNOON           EVENINGS

# EDUCATION

	NAME & 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.


LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD.  
*YOU MAY EXCLUDE MEMBERSHIP WHICH WOULD REVEAL GENDER, RACE, RELIGION, NATIONAL ORIGIN, AGE, ANCESTRY, DISABILITY, OR OTHER PROTECTED STATUS.*


# EMPLOYMENT 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.

<b>1</b>	DATES EMPLOYED		WORK PERFORMED
EMPLOYER	FROM	TO	
ADDRESS			
TELEPHONE NUMBER	HOURLY RATE		
JOB TITLE:                      SUPERVISOR:	STARTING	FINAL	
REASON FOR LEAVING			

<b>2</b>	DATES EMPLOYED		WORK PERFORMED
EMPLOYER	FROM	TO	
ADDRESS			
TELEPHONE NUMBER	HOURLY RATE		
JOB TITLE:                      SUPERVISOR:	STARTING	FINAL	
REASON FOR LEAVING			

<b>3</b>	DATES EMPLOYED		WORK PERFORMED
EMPLOYER	FROM	TO	
ADDRESS			
TELEPHONE NUMBER	HOURLY RATE		
JOB TITLE:                      SUPERVISOR:	STARTING	FINAL	
REASON FOR LEAVING			

<b>4</b>	DATES EMPLOYED		WORK PERFORMED
EMPLOYER	FROM	TO	
ADDRESS			
TELEPHONE NUMBER	HOURLY RATE		
JOB TITLE:                      SUPERVISOR:	STARTING	FINAL	
REASON FOR LEAVING			

