



Mailing Address  
 P.O. Box 420  
 Crugers, NY 10521  
 Fax: (914) 737-4838  
 email: chris@nor-west.org

*Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.*

**NOR-WEST REGIONAL SPECIAL SERVICES  
 APPLICATION FOR EMPLOYMENT**

**Office Location:**  
 293-D Furnace Dock Rd.  
 Cortlandt Manor, NY 10567  
 (914) 737-4797  
 www.nor-west.org

**PERSONAL**

Last Name	First Name	Middle	Date
Street Address			Home Telephone ( )
City, State, Zip			Cell Telephone ( )
Have you ever applied for employment with us? ( ) YES ( ) NO If YES month and year: _____			Social Security #
Position Desired			If under 18, indicate W.P. #:
Are there any days you are not available to work? Please circle: Monday    Tuesday    Wednesday    Thursday    Friday    Saturday			When will you be available to begin work?
Are you legally eligible for employment in the United States?			

**EDUCATION**

School Name and Location	Course of Study/ No. of years completed	Did you graduate? If so, what year?	Degree or Diploma
High School:		( ) YES    YEAR: _____ ( ) NO	
College:		( ) YES    YEAR: _____ ( ) NO	
Business/Trade:		( ) YES    YEAR: _____ ( ) NO	
Graduate:		( ) YES    YEAR: _____ ( ) NO	

**CERTIFICATIONS (CHECK ALL THAT APPLY)**

<b>Lifeguarding</b>	<b>Expires:</b>
<b>Lifeguard Training Instructor</b>	<b>Expires:</b>
<b>Water Safety Instructor</b>	<b>Expires:</b>
<b>CPR for the Professional Rescuer</b>	<b>Expires:</b>
<b>Standard First Aid</b>	<b>Expires:</b>
<b>Other:</b>	<b>Expires:</b>

**HOBBIES AND SPECIAL INTERESTS:**

Please list any hobbies or special interests below. If you have experience teaching your hobby, indicate this as well.


**BUS OPERATOR APPLICANTS ONLY:**

License Number:	Expiration Date:	Class:
Endorsements:	Restrictions:	
List all moving violations and dates within the past three years:	1. 2. 3.	Date: Date: Date:

- PLEASE COMPLETE BACK -

# EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer. **DO NOT STATE "SEE RESUME"**

Company Name	Telephone ( )
Address	Employed – (state month and year) From To
Name of Supervisor	Weekly pay or Hourly Rate Start Last
State Job Title and Describe Your Work	Reason for Leaving

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### CRIMINAL BACKGROUND CHECK:

1. Do you have any pending criminal charges which have not been annulled by a court? ( ) YES ( ) NO

If "YES", describe in full: \_\_\_\_\_

2. In accordance with section 390-b of the Social Service Law, I certify that to the best of my knowledge and belief that I have not been convicted of a crime in New York State or in any other jurisdiction.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

3. Have you ever been bonded with an employer? \_\_\_\_\_

### PERSONAL REFERENCES

In addition to the above work supervisors, please list two personal (non-relative) references we should contact (i.e. counselors, teachers, co-workers, etc)?

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### APPLICANT'S SIGNATURE:

The information provided in this Application for Employment is true, accurate, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that employment at Nor-West is "at will", and that acceptance of an offer of employment does not create a contractual obligation upon Nor-West to continue to employ me in the future.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date