

Application for Employment



92 Fairmount Ave
 Jamestown, NY 14701
716-664-3118/716-664-3117
Fax 716-664-4156

Thank you for your interest in employment with the New Vision Services. It is our policy to provide employment, training, compensation, promotion and other conditions of employment based on qualifications, without regard to race, color, religion, sex national origin, age, marital or veteran status, the presence of a mental or physical disability, sexual orientation, military status, or any other legally protected status.

Name: _____ Date: _____

Address: _____
 (street, city, state, zip code)

Telephone: (____) _____ Cell: (____) _____

Are you a U. S. citizen? Yes No

If no, do you have the legal right to remain permanently and work in the U.S.? Yes No

Referred by Newspaper ad Post-Journal Dunkirk Observer Pennysaver
 Personal Referral Employee Referral (Name of Employee) _____
 Internet Website Job Fair Other _____

Education

Type	School Name/Location	Course of Study	Years Completed	Degree/Diploma
High School				
College				
College				
Tech. Training				

Employment History (Continue on separate sheet if necessary)

Company Name (Current or most recent employer)

Position Held: _____

Dates Employed: _____

Address: _____

From: _____ To: _____

Manager/Supervisor

Telephone

May we contact your Supervisor?

Yes

No

Reason for Leaving: _____

Company Name

Position Held: _____

Dates Employed: _____

Address: _____

From: _____ To: _____

Manager/Supervisor

Telephone

May we contact your Supervisor?

Yes

No

Reason for Leaving: _____

Company Name

Position Held: _____

Dates Employed: _____

Address: _____

From: _____ To: _____

Manager/Supervisor

Telephone

May we contact your Supervisor?

Yes

No

Reason for Leaving: _____

Work Availability

When are you available to start work? _____

Can you work additional hours without prior notice? Yes No On Occasion
Can you travel if required by this position? Yes No On Occasion
If transporting a service recipient is needed, can you? Yes No On Occasion

Please indicate below the days and hours that you are available to work.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

References: Provide names of three individuals who are familiar with your work and/or academic background.

NAME	ADDRESS	PHONE NUMBER	OCCUPATION

Driving Record

New Vision Services, Inc. conducts a check of a prospective employee's driving record if the individual may be required to drive as part of his or her employment. Please answer the following question:

Have you ever been convicted of any moving or other traffic violation (i.e., DWI, DUI, speeding, etc.) that resulted in the suspension or revocation of your driver's license?

Yes No

Nature of violation(s):

Applicant Statement

I certify that all of the information which I have supplied on this form is a true and correct statement of the facts and answers required without omissions of any kind whatsoever.

In the event of my employment, I understand that any omission, misrepresentation and/or falsification of information contained in this application may constitute grounds for my dismissal. I also understand that I am required to abide by all rules and regulations of New Vision Services and that I will be required to provide proof of citizenship or employment eligibility at the time of employment.

I further agree that New Visions Services, Inc. may contact all and any previous employers, schools and references for full information except as I have stated otherwise on this form. By this form, I hereby authorize

and direct the employers, schools, or persons named above to give any information regarding my employment or education and hereby release said employers, schools or persons as well as New Visions Services, Inc. from all liability for any damages whatsoever in providing this information to New Vision Services, Inc.

This is not a contract of employment. Any individual who is hired may voluntarily leave employment upon proper notice and may be terminated by New Vision at any time. Any oral or written statements or promises to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

Signature required: _____ Date: _____

Please see the attached voluntary invitations to self-identify your gender, ethnicity, veteran status and disability status.

Because we do business with the government, we must reach out to, hire, and provide equal employment opportunities to qualified persons without regard to race, color, religion, sex national origin, age, marital or veteran status, the presence of a mental or physical disability, sexual orientation, military status, or any other legally protected status.

Completing these forms is voluntary, but we hope you will choose to do so. Any answer you give will be kept private and will not be used against you in any way.

Voluntary Invitation to Self-Identify Race/Ethnicity/Gender

Because we do business with the government, we must reach out to, hire, and provide equal employment opportunities to qualified persons without regard to race, color, religion, sex national origin, age, marital or veteran status, the presence of a mental or physical disability, sexual orientation, military status, or any other legally protected status.

Race/Ethnic Identity:

- Hispanic or Latino, without regard to race
- White
- Black
- Native Hawaiian or Pacific Islander
- Asian
- Native American or Alaskan Native
- Two or more races

Gender:

- Female
- Male

Pre-Offer Invitation to Self-Identify Veteran Status:

If you believe you belong to any of the categories of protected veterans listed below, please indicate by checking the appropriate box. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN:

- **Disabled Veteran** – means (1) A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) A person who was discharged or released from active duty because of a service-connected disability.
- **Recently Separated Veteran** - means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.
- **Active Wartime or Campaign Badge Veteran** - means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.
- **Armed Forces Service Medal Veteran** - means any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to [Executive Order 12985 \(61 FR 1209\)](#).

I AM NOT A PROTECTED VETERAN, BUT I AM A VETERAN.

I AM NOT A PROTECTED VETERAN.