

*Serving
Hudson Valley,
NY Residents &
Businesses
Since 1948*



MID-HUDSON WORKSHOP for the Disabled, Inc.
188 Washington Street, Poughkeepsie, NY 12601
845-471-3820 midhudsonworkshop.com

APPLICATION FOR EMPLOYMENT

--- MID-HUDSON WORKSHOP IS AN EQUAL OPPORTUNITY EMPLOYER ---
*Personnel are chosen on the basis of ability without regard to race, color, religion, sex, age,
national origin, disability, marital status, military status, sexual orientation, citizenship or
any other protected classification in accordance with federal and New York state law.*

PERSONAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Social Security Number
<hr/>			
Address (Street)	(City)	(State)	(Zip)
<hr/>			
Daytime Phone Number	Evening Phone Number	Cell Phone Number	Email Address

EMPLOYMENT INFORMATION

Position applied for: _____

Desired Hourly Wage or Annual Salary (Please Designate): _____

Do you have reliable transportation? Yes No

Are you able to perform the essential functions of the job with or without reasonable accommodation? Yes No

Please explain & include any/all necessary accommodations that are required for you to perform the job functions for which you are applying

How did you learn of the position? _____

Have you been previously employed at the Mid-Hudson Workshop? No Yes, Dates: _____

Do you have commitments to other employer(s)/organization(s) which might conflict with your employment with us? _____

If Yes, please explain

GENERAL INFORMATION

Are you 18 or older? _____

Are you either a US Citizen or an Alien who has the legal right to remain and work in the US? Yes No
(You will be required to furnish proof of lawful work status if you are extended a job offer)

Are you currently employed? Yes No

On what date will you be available to work? _____

Do you have relatives, friends, or acquaintances who work for the Mid-Hudson Workshop? Yes No If YES,
Name _____ Relationship _____

Have you ever been convicted of a crime? (i.e. felony, misdemeanor, violation) Yes No If YES, please describe the nature of the crime, the date, the jurisdiction and your subsequent rehabilitation (*list all*): _____

(Note: A conviction is not an automatic bar from employment. Each case is considered and evaluated on its individual merits in relation to the duties and responsibilities of the position for which you are applying.)

Do you have any pending criminal charges in any jurisdiction? Yes No If YES, please provide the date, jurisdiction, and status: _____

Have you had any moving violations and/or any suspension, revocation, DWI/DUI, convictions, or any occurrence involving harm to human beings or property while driving? Yes No If YES, please list the date(s) and specific violation(s): _____

EMPLOYMENT INFORMATION

Please Insure That If A Resume Is Attached To Satisfy This Section, That It Contains All Requested Information

1. Employer	Dates Employed From _____ To _____	Work Performed:
Address	Salary Starting _____ Ending _____	
Job Title	Supervisor	
Telephone Number	Reason for Leaving	

2. Employer	Dates Employed From _____ To _____	Work Performed:
Address	Salary Starting _____ Ending _____	
Job Title	Supervisor	
Telephone Number	Reason for Leaving	

3. Employer	Dates Employed From _____ To _____	Work Performed:
Address	Salary Starting _____ Ending _____	
Job Title	Supervisor	
Telephone Number	Reason for Leaving	

4. Employer	Dates Employed From _____ To _____	Work Performed:
Address	Salary Starting _____ Ending _____	
Job Title	Supervisor	
Telephone Number	Reason for Leaving	

REFERENCES

May we contact your present employer? Yes No

If no, please explain:

Work References: (Give name, address and telephone number of three business references who are not related to you).

Name (Occupation) and Address Daytime Telephone Number & Email

1. _____

2. _____

3. _____

Personal References: (not former employers or relatives)

Name (Occupation), Relationship and Address Daytime Telephone Number & Email

1. _____

2. _____

EDUCATION

Please Insure That If A Resume Is Attached To Satisfy This Section, That It Contains All Requested Information

(Name and Location)	Last Grade Completed	
HIGH SCHOOL:		
(Name and Location)	Course of Study	Date Graduated: _____
BUSINESS OR TRADE SCHOOLS:		
(Name and Location)		
COLLEGE:		
	(Major)	Date Graduated: _____
DEGREE:		
(Name and Location)		
GRADUATE SCHOOL:		
	(Major)	Date Graduated: _____
DEGREE:		
RELEVANT SPECIAL SKILLS, TRAINING, CERTIFICATIONS OR ACADEMIC ACHIEVEMENTS <i>(You may exclude all information indicative of age, sex, race, religion, color, national origin, or disability)</i>	LICENSES HELD:	

Have you ever, or are you currently involved in any form of disciplinary action before any state licensing body or any accrediting body as a result of an investigative process? Yes No If YES, please provide dates and details of circumstances: _____

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that a material omission or a false or misleading answer to any question in the application process is grounds for immediate dismissal.

I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that my application for employment will not be processed unless I complete the attached [**Written Disclosure to Applicant and Consent to Request Consumer Report Information**] form.

I understand and acknowledge that the Mid-Hudson Workshop may be required, pursuant to New York State Law, to request a check of my criminal history record information and review the results of such check.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Mid-Hudson Workshop may discharge the Employee at any time with or without cause.

At the request of the Mid-Hudson Workshop, after an offer of employment has been made, I agree if asked, to take a physical examination at no personal expense and authorize the examining physician to disclose the findings to the Mid-Hudson Workshop. I understand that any offer of employment may be conditioned upon receipt of satisfactory references and satisfactory completion of such physical examination.

In the event of employment, I understand that I am required to abide by all rules and regulations of the Mid-Hudson Workshop. I further understand that the Mid-Hudson Workshop may modify such rules and regulations from time to time at its sole discretion.

Applicant's Signature _____ Date _____

Drivers License Identification # _____ **Social Security Number** _____

OFFICE USE ONLY HIRED _____

IF NO, Reason _____

LETTER SENT _____ DATE _____

Recruiter Used Yes No

**Written Disclosure to Applicant and Consent to
Request Consumer Report Information**

I understand that the Mid-Hudson Workshop may utilize the services of an outside agency as part of the procedure for processing my application for employment. I also understand if my application for employment is granted, the Mid-Hudson Workshop may obtain further information through subsequent investigations by a consumer reporting agency so as to update, renew or extend my employment. Upon request, I will be informed whether a report was requested from a consumer reporting agency and provided with the name and address of the consumer reporting agency.

I understand a consumer reporting agency's investigation may include obtaining information regarding my credit background, references, character, past employment, work habits, education, general reputation, personal characteristics, mode of living, judgments, liens, driving record, and criminal conviction background consistent with federal and state law.

I understand such information may be obtained by direct or indirect contact with former employers, schools, financial institutions, landlords, public agencies, or other persons who may have such knowledge.

I also understand that before the Mid-Hudson Workshop takes any adverse action, in whole or part, on information obtained in the report, I will be provided a copy of the report and a description in writing of my rights under the federal Fair Credit Reporting Act.

I understand if I disagree with the accuracy of any information in the report, I must notify the Mid-Hudson Workshop within five business days of my receipt of the report. If I notify the Mid-Hudson Workshop within five business days of the receipt of the report that I am challenging information in the report, the Mid-Hudson Workshop will not make a final decision on my employment status until after I have had a reasonable opportunity to address the information contained in the report.

I hereby consent to this investigation and authorize the Mid-Hudson Workshop to procure a report on my background as stated above from a consumer reporting agency.

(Signature of Applicant)

(Date)