

Last Name		First		M.I.	Date
Address				Apartment #	
City		State		ZIP	
Phone		E-mail Address			
Date Available				Choose:	Part Time Full Time
Position Applied for					
Are you a citizen of the U.S.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for FSA?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Do you have an arrest or criminal accusation currently pending against you? (If a prior arrest or criminal accusation resulted in a conviction, you may need to disclose this information in response to the next question.)		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain fully	
Have you ever been convicted of a criminal offense (felony, misdemeanor, or violation)?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain fully	
<p>Answering "YES" to the question may or may not preclude employment, depending on the nature of the criminal offense, its relationship to the position sought, and other factors that must be considered before employment may be lawfully denied based on a prior conviction.</p> <p>Failure to disclose a prior conviction may result in denial of employment subsequent termination of employment based on falsification of the employment application.</p> <p>NOTE: You should answer "NO" if:</p> <ol style="list-style-type: none"> Your conviction (felony, misdemeanor, or violation) was sealed by a court, OR The Criminal action or proceeding was terminated in your favor (for example: the action was dismissed either at the initial stage or on appeal; you received an Adjournment in Contemplation of Dismissal and the adjournment period has elapsed; you were acquitted), OR The proceeding on the criminal offense resulted in a youthful offender adjudication or juvenile delinquency finding which has been sealed/expunged pursuant to the Family Court Act, OR After completing a treatment program, your plea to a felony or a misdemeanor was withdrawn and you were resentenced to a violation which was sealed by the court, or the completion of the program resulted in a dismissal of all charges by the court. 				<p>Questions about your status may be directed (anonymously) to the Office of Human Resources.</p>	

EDUCATION			
High School		Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
College		Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
Other		Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree

REFERENCES		
<i>Please list three professional references.</i>		
Full Name	Relationship	
Company	Phone	
Full Name	Relationship	
Company	Phone	
Full Name	Relationship	
Company	Phone	

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Previous Employment

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

ADDITIONAL COMMENTS

EMERGENCY CONTACT

First Name	Last Name
Phone	Relationship

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview will cause me to be disqualified and/or dismissed.

I authorize the FSA the right to contact present or former employers, to verify any information pertaining to this application, to obtain relevant records, and conduct a formal background check and, further, I release from liability any persons or organizations furnishing such information.

FSA is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application will remain current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that I am free to resign at any time, and that FSA reserves the right to terminate my employment at any time.

Print Name	Date
Signature	

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