



3805 Meads Creek Road, Painted Post, NY 14870  
P: 607.962.3100 | F: 607.962.4300

### **APPLICATION FOR EMPLOYMENT**

CareFirst is an equal opportunity employer, and all qualified applicants will receive consideration for employment without regard to race, religion, creed, color, sex, age, national origin, disability, sexual orientation, marital or familial status, pregnancy, military status, veteran status, predisposing genetic characteristics or carrier status, arrest or conviction record, domestic violence victim status, or any other class or status protected by law.

#### **PERSONAL INFORMATION**

*Incomplete information could disqualify you from further consideration. Please complete all fields.*

Name \_\_\_\_\_ Date of Application: \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone Numbers: Home (\_\_\_\_) \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_

Are you legally eligible to work in the U.S? YES  NO

Are you at least 18 years or older? YES  NO

*If no, you may be required to provide authorization to work.*

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
YES  NO

#### **AVAILABILITY**

Are you available/interested to work: Full-time  Part-time  Temporary   
Day-time  Evenings  Weekends

Are you currently on "lay-off" status and subjected to recall? YES  NO

If yes, please provide company name and details \_\_\_\_\_

Can you travel if a job requires it? \_\_\_\_\_

**EMPLOYMENT DESIRED**

Position desired \_\_\_\_\_  
Date you can start \_\_\_\_\_ Hourly Rate/Salary desired \_\_\_\_\_ Are you currently employed? YES [ ] NO [ ]  
If yes, may we contact your present employer? YES [ ] NO [ ]  
Have you ever been terminated or asked to resign by an employer? YES [ ] NO [ ]  
If yes, please provide company names and details \_\_\_\_\_  
Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? YES [ ] NO [ ]  
If no, please explain \_\_\_\_\_

**REFERRAL SOURCE**

How did you hear about us? \_\_\_\_\_  
Have you ever filed an application with us or been employed with us before? YES [ ] NO [ ]  
Have you ever worked for this Company before? YES [ ] NO [ ]  
If yes, When? (Dates) \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
  
Do you know anyone who works for our company? YES [ ] NO [ ]  
If yes, who? \_\_\_\_\_

**EDUCATION**

	<b>Name and Location of School</b>	<b>No. of yrs. Attended</b>	<b>Degree Received</b>	<b>Area of Concentration</b>
<b>High School</b>				
<b>College or University</b>				
<b>Additional College or University</b>				
<b>Trade, Business or Correspondence School</b>				
<b>Other</b>				

**EMPLOYMENT HISTORY** Include your last seven (10) years of employment history, including periods of unemployment, any job-related military service assignments, and/or volunteer activities. Start with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

If you need additional space, please continue on a separate sheet of paper.

<b>Employer:</b>	<b>Dates Employed</b>		<b>Summary of Key Job Responsibilities:</b>
<b>Address:</b>	<b>To:</b>	<b>From:</b>	
<b>Telephone Number(s):</b>	<b>Hourly Rate</b>		
<b>Job Title:</b>	<b>Start:</b>	<b>Final:</b>	
<b>Direct Supervisor (Name/Title):</b>			
<b>Reason for Leaving:</b>			

May we contact the above employers? YES [ ] NO [ ]

**SPECIAL SKILLS AND QUALIFICATIONS** Do you have any special job-related skills, experience, qualifications and/or training that would enhance your ability to perform the position applied for? Include any additional information you feel may be helpful to us in considering your application. If yes, please explain.

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**PROFESSIONAL REFERENCES** Give the names of four professional references not related to you, whom you have known at least three (3) years.

<b>Name</b>	<b>Job Title</b>	<b>Organization</b>	<b>Address</b>	<b>Daytime Phone Number</b>	<b>Years Acquainted</b>	<b>Relationship to Applicant</b>
1.						
2.						
3.						
4.						

**APPLICANT STATEMENT  
PLEASE READ CAREFULLY BEFORE SIGNING**

CareFirst is an equal opportunity employer. CareFirst does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for CareFirst to hire me. I hereby acknowledge that any employment relationship with this Company is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. I understand that no representative of CareFirst has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to CareFirst true and complete information on this application. No requested information has been concealed. I authorize CareFirst to contact references provided for employment reference checks. I authorize CareFirst the ability to investigate all statements contained in this application for employment as may be necessary in arriving at an employment decision. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**THIS APPLICATION FOR EMPLOYMENT SHALL BE CONSIDERED ACTIVE FOR A PERIOD OF TIME NOT TO EXCEED 60 DAYS FROM THE DATE SIGNED/DATED ABOVE. ANY APPLICANT WISHING TO BE CONSIDERED FOR EMPLOYMENT BEYOND THIS TIME PERIOD SHOULD INQUIRE AS TO WHETHER OR NOT APPLICATIONS ARE BEING ACCEPTED AT THAT TIME.**