

Prestige Application

Please fill out the information below and make a copy for your records

PERSONAL INFORMATION

DATE _____

NAME (LAST NAME FIRST)				SOCIAL SECURITY NO. ___ ___	
PRESENT ADDRESS	APT.	CITY	STATE	ZIP	
PERMANENT ADDRESS	APT.	CITY	STATE	ZIP	
HOME PHONE NUMBER			REFERRED BY		
COMPANY NAME			EMAIL		

EMPLOYMENT DESIRED

POSITION	SALARY DESIRED	DATE YOU CAN START
ARE YOU EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
ARE YOU 18 YEARS OF AGE OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF HIRED, CAN YOU PROVIDE WRITTEN EVIDENCE YOU ARE AUTHORIZED TO WORK IN THE U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	

EDUCATION

NAME AND LOCATION OF SCHOOL	YEARS COMPLETED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
TECHNICAL OR OTHER			

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME OF EMPLOYER	PHONE NUMBER	SALARY	POSITION	REASON FOR LEAVING
FROM					
TO					
FROM					
TO					
FROM					
TO					
FROM					
TO					

Have you ever been convicted of a crime other than a minor traffic violation? YES ___ NO ___
 If "Yes" please explain below: (Conviction is not an absolute bar to employment.)

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT #1	RELATIONSHIP	PHONE #'S () ()
EMERGENCY CONTACT #2	RELATIONSHIP	PHONE #'S () ()
MEDICAL INFORMATION YOU WISH TO SHARE WITH US IN CASE OF AN EMERGENCY		

APPLICANT'S STATEMENT

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operating officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me and I release them from all liability for damage in providing this information. I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Signature

Date

For Client Office Use Only

Status **Full-Time** **Part-Time**
Hours p/wk _____ (average)
Benefit Eligible Yes No
Dept. _____ **Starting Date** __/__/__
Salary \$ _____
Work State _____

For Union Use Only

Union 1 2 3
 Non Union Hourly Salaried



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