



## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ DoB : \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

Contact Information: \_\_\_\_\_  
Phone: Circle one Home Work Cell Email Address:

Social Security No.: \_\_\_\_\_

Position Applied for: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Date Available: \_\_\_\_\_ Shifts Available: \_\_\_\_\_

Are you a citizen of the United States of? Yes:  No:   
If no, are you authorized to work in the U.S? Yes:  No:

Are you able to perform the job functions of this position without reasonable accommodation? Yes:  No:

Have you previously worked for ACBC Yes:  No:   
If yes, when? \_\_\_\_\_

Were you referred by a current ACBC employee? Yes:  No:   
If yes, by who? \_\_\_\_\_

Do you have a valid driver's license? Yes:  No:

*The following question indicates the information that is required by our malpractice insurance company, or is dictated by national security laws, or is needed for other legally permissible reasons. Please note that the disclosure of a conviction will not necessarily preclude employment.*

Have you ever been convicted of a misdemeanor or felony? Yes:  No:   
If yes, please explain: \_\_\_\_\_

30 West State Street  
Binghamton, NY 13901  
P: 607-723-7308  
F: 607-724-4626

306 East Main Street  
Endicott, NY 13760  
P: 607-205-1396  
F: 607-239-4115

103 Leilani Lane, Suite A  
Norwich, NY 13815  
P: 607-304-5501  
F: 607-373-3864



### Education

**High School:** \_\_\_\_\_

Did you Graduate: Yes:  No:

Address: \_\_\_\_\_

Diploma: \_\_\_\_\_

**College:** \_\_\_\_\_

Did you Graduate: Yes:  No:

Address: \_\_\_\_\_

Diploma: \_\_\_\_\_

**Graduate School:** \_\_\_\_\_

Did you Graduate: Yes:  No:

Address: \_\_\_\_\_

Diploma: \_\_\_\_\_

**Other:** \_\_\_\_\_

Did you Graduate: Yes:  No:

Address: \_\_\_\_\_

Diploma: \_\_\_\_\_

**Licenses:** \_\_\_\_\_

### Professional References

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

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## Employment History

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes:  No:

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes:  No:

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes:  No:

## Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

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## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by ACBC. I understand that filling out this form does not indicate there is a position open and does not obligate ACBC to hire. I agree to abide by all ACBC rules, policies and procedures. ACBC retains the right to revise its policies or procedures in part at any time. I understand that any employment is conditioned on a background check. I authorize ACBC to thoroughly investigate my criminal and/or financial background, all statements contained on my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to ACBC, without giving prior notice of such disclosure. In addition, I release ACBC, any former employers, and all references listed above from any and all claims, demands or liabilities arising out of or related to investigation or disclosure. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by ACBC and as permitted by law. I consent to such examinations or drug tests and I request that the examining physician disclose to ACBC the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment will require that I abide by the Personnel Policies of ACBC.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on the basis of: race, color, age, sex, religion, national origin, disability, sexual orientation, or any other status protected under federal, state or local law.*

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