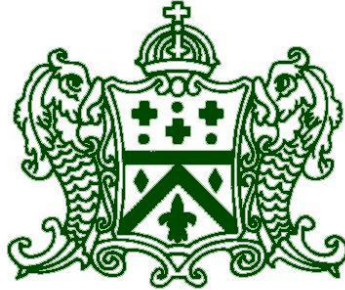


Name:

\_\_\_\_\_ *Surname, First Name*



# Coveleigh Club

## Application for Employment 2019

Department: \_\_\_\_\_

Social Security Verification:   
Background Check Complete:

**Application for Employment**  
*Please Print Clearly*

*Please Answer All Questions. Resumes Are Not a Substitute for A Completed Application.*

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws. THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION. IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Name: \_\_\_\_\_ Position Applied For: \_\_\_\_\_  
Desired Salary/Hourly Rate: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

How long have you lived there? \_\_\_\_\_ Years \_\_\_\_\_ Months

If under the age of 18, can you produce the necessary work certificate at the time of employment? Yes / No  
Type of employment desired? Full-Time / Part-Time Hours Per Week: \_\_\_\_\_  
Are you willing to work overtime? Yes / No Date you can start work if hired: \_\_\_\_\_  
Have you previously applied for employment with this Company? Yes / No  
If Yes, when and where did you apply? \_\_\_\_\_  
Have you ever been employed by this Company? Yes / No  
If Yes, provide dates of employment, location, and reason for separation from employment.

\_\_\_\_\_  
\_\_\_\_\_

**INSTRUCTIONS FOR ANSWERING THE NEXT TWO QUESTIONS**

All applicants: Do not include convictions that were sealed, eradicated, erased, annulled by a court, or expunged, or convictions that resulted in referral diversion program. All pending arrests or criminal accusations must be disclosed. You are not required to disclose arrests or criminal accusations that resulted in criminal actions or proceedings which were terminated in your favor. Do not disclose criminal actions or proceedings that were sealed or classified as youthful offender adjudications. An ex-offender who is denied employment, may, upon written request, receive a statement of the reason(s) for denial within thirty (30) days of the applicant's request for such information.

Have you ever plead guilty or no contest to, or been convicted or any criminal offense other than the applicable exceptions listed above? Yes / No

Have you ever been arrested for any matters for which you currently are out on bail or on your own recognizance pending trial? Yes / No

CRIMINAL OFFENSES ONLY: If you answered Yes, to either of the above two questions, please provide the date(s) and explain in accordance with the above instructions so that individual circumstances can be considered.

\_\_\_\_\_  
\_\_\_\_\_

*Criminal convictions or arrest will not automatically disqualify all applicants from a particular job. The Company will consider the nature of the crime, its seriousness, the substantial relation to the position's functions and qualifications, the number of occurrences, the applicant's age at the time of the crime, the time elapsed since the crime, the applicant's entire work and educational history, employment references and recommendations, and the business necessity of any exclusion when required by law.*

Have you ever initiated an act of violence in the workplace? Yes / No  
If Yes, please provide the date(s) and explain so that individual circumstances can be considered. (A "Yes" answer will not necessarily disqualify you from employment.)

\_\_\_\_\_  
\_\_\_\_\_

List all special technical skills that you feel qualify you for the job for which you are applying (For example, computer programming/language, software, equipment operation, special tools or machines, etc.)

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<u>Education</u>	School Name Address, City, State	Course of Study	Graduate?	# of Years Completed	Degree/ Major
High School					
College					
Trade/Post College					

Honors Received: \_\_\_\_\_

If applicable, list below any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of assumed name, nickname, etc.

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## WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with present or last employer listed first. Account for all periods of time including any period of unemployment. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment.

### Employer

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Telephone: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

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

Supervisors Name: \_\_\_\_\_ May we contact? Yes / No

Wages: Start \_\_\_\_\_ Final \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

What will this employer say was the reason your employment terminated? \_\_\_\_\_

How much notice did you give when resigning? If none, explain: \_\_\_\_\_

### Employer

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Telephone: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

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

Supervisors Name: \_\_\_\_\_ May we contact? Yes / No

Wages: Start \_\_\_\_\_ Final \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

What will this employer say was the reason your employment terminated? \_\_\_\_\_

How much notice did you give when resigning? If none, explain: \_\_\_\_\_

### Employer

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Telephone: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

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

Supervisors Name: \_\_\_\_\_ May we contact? Yes / No

Wages: Start \_\_\_\_\_ Final \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

What will this employer say was the reason your employment terminated? \_\_\_\_\_

How much notice did you give when resigning? If none, explain: \_\_\_\_\_

Please explain fully all gaps in your employment history in excess of one month.

Have you ever been terminated or asked to resign from any job? Yes / No

If Yes, how many times? \_\_\_\_\_

Has your employment ever been terminated by agreement? Yes / No

If Yes, how many times? \_\_\_\_\_

Have you ever been given the choice to resign rather than be terminated? Yes / No

If Yes, how many times? \_\_\_\_\_

If you answered Yes to any of the above three questions, please explain the circumstances of each occasion.

## REFERENCES

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

Name	Position	Company	Relationship	Telephone	Email

Please list the names of personal references (not previous employers or relatives) who know you well that we may contact.

Name	Occupation	Address	Years Known	Telephone	Email

## Applicant Certification

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law may exercise its right, without warning or notice, to conduct investigations or property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement, as well as an agreement to arbitrate.

I certify that all the information on this application, my resume, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT - EXPRESS OR IMPLIED - WITH ME

OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY.

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize the Company or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result or the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

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

If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that the Company, to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections or property without notice, and communicate test results to Company personnel who need to know, the applicant, and the applicant's legal guardian.

Parent/Legal Guardian: \_\_\_\_\_ Witness: \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_

### BACKGROUND CHECK INFORMATION

The information requested below is collected solely for the purpose of aiding the Company in running a background check in connection with your application for employment. The employer is requesting that you provide this information to assist in conducting a thorough background check. For additional disclosures and state laws, please contact a Human Resources representative at 914-967-5900.

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issuing License: \_\_\_\_\_

*Enter Any Other Names Used (including maiden names):*

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

*Addresses Within The Past Seven Years (use a separate sheet as needed)*

Present Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Prior Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Resided at Address From: \_\_\_\_\_ To: \_\_\_\_\_