

**CFLR, Inc.**  
502 Court St., Suite 401  
Utica, NY 13502



**WhenTheresHelpTheresHope.com**  
Phone (315) 733-1709  
Fax (315) 733-1789

**APPLICATION FOR EMPLOYMENT  
(EMPLOYMENT-AT-WILL)**

**Please Print**

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

**Name:** \_\_\_\_\_  
Last First

**Address:** \_\_\_\_\_  
Street City State Zip Code

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**If you are known by another name to past employers or schools, please list name(s) here:** \_\_\_\_\_

**Position Applied for:** \_\_\_\_\_

**Date Available for work:** \_\_\_\_\_

**Employment Desired:**  Full-Time  Part-Time  Temporary

**Referral Source:**  Advertisement  Employment Agency  Friend  Relative  
 Other: \_\_\_\_\_

**Have you ever been employed with us before?**  Yes  No

**If yes, give dates and position held:** \_\_\_\_\_

**Are you legally eligible for employment in the United States? (Proof of citizenship or immigration status will be required upon employment.)**  Yes  No

**Are you of legal age to work?**  Yes  No

**If no, can you furnish a work permit?**  Yes  No

**Have you been convicted of a misdemeanor or felony in any jurisdiction?**  Yes  No  
(Convictions may be relevant if job related, but does not disqualify applicant from employment)

**If yes please explain:** \_\_\_\_\_

**REFERENCES:** List name, complete address, and telephone number of two personal references who are not related to you and two business reference:

Personal Reference Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

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

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

Years Known: \_\_\_\_\_

Personal Reference Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

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

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

Years Known: \_\_\_\_\_

Business Reference Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

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

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

Years Known: \_\_\_\_\_

Business Reference Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

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

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

Years Known: \_\_\_\_\_

**Do not answer questions below unless the box next to the question has been checked.**

Are you bondable:  Yes  No

Driver's License Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

List any moving violations within the last 3 years: \_\_\_\_\_

List any suspensions, revocation, DWI convictions, or any occurrence involving harm to anyone or property: \_\_\_\_\_

Type of professional Licensure: \_\_\_\_\_

License Number: \_\_\_\_\_ Expires: \_\_\_\_\_ Issued By: \_\_\_\_\_

Professional Certification: \_\_\_\_\_

Certificate Number: \_\_\_\_\_ Expires: \_\_\_\_\_ Issued by: \_\_\_\_\_

***APPLICANT'S STATEMENT: I certify the information given on this "Application for Employment" is true, correct and complete; and in the event of employment, I understand that false or misleading information given can impact on my employment status. Also, I authorize investigation of all statements contained in this application. The employer is an equal opportunity employer and the employer does not discriminate in employment.***

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

**THIS APPLICATION WILL REMAIN ACTIVE FOR SIX MONTHS**