PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE



		APP	LICATION FOR EN	/PLC	OYMENT	of the Bund at Albany
PLEASE COMPLE	ETE PA	AGES 1-3.			DATE	
Name					·	
		Last	First		Middle	Maiden
Present address		Number	Street	City	ty State Zip	
How long					cial Security No	
Telephone ()						
If under 18, please	list ag	e				
Position applied fo and salary desired (Be specific)	(2)	d ald Q			Days/hours available to wor No Pref Thur Mon Fri Tue Sat Wed Sun	k
How many hours o		·		All XZ	Z FULL OD DADT TU	NAIT
Employment desire When available for		FULL-TIME ONLY	PART-TIME O	INLY	FULL- OR PART-TII	NIE
When available for	WOIK?					
TYPE OF SCHO	OL	NAME OF SCHOOL	LOCATION (Complete ma address)		NUMBER OF YEARS COMPLETED	S MAJOR & DEGREE
High School			,			
College						
Bus. or Trade Scho	ool					
Professional School	ol					
Troicssional cerior	OI .					
HAVE YOU EVER		CONVICTED OF A FELC	NY? No		Yes	
			MILITAR	Υ		
HAVE VOLLEVED	DEE	IN THE ADMED CODOS	20	K 1	Ja	
		IN THE ARMED FORCES			No. No.	
Specialty	ıvı⊏ıVIE	BER OF THE NATIONAL (Date Entered	T	⁄es No Discharge D	ate
					J.	
Work Experience	Pleas	se list your work experiend u were self-employed, aive	ce for the past five e firm name. Attac	year h ad	rs beginning with your most re	ecent job held.

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary	
City, State, Zip Code Phone number		From	Start	
		То	Final	
Reason for leaving (be specific)	Your last job title			
List the jobs you held, duties performed, skills used or learned, a	dvancements or prom	notions while you worked	d at this company.	
Name of employer Address				
	Name of last supervisor	Employment dates	Pay or salary	
Address City, State, Zip Code		Employment dates	Pay or salary Start	
Address City, State, Zip Code Phone number				

experience	Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.							
Name of employ Address	er	Name of last supervisor	Employment dates	Pay or salary				
City, State, Zip Code Phone number			From	Start				
			То	Final				
Reason for leavi	ng (be specific)	Your last job title						
List the iobs vou	held, duties performed, skills use	ed or learned, advancements or pro	motions while you worked	at this company.				

May we contact your present employer? Yes No					
Did you complete this application yourself Yes No					
If not, who did?					
Please list two references other than relatives or previous employe	are .				
Name	Name				
Position	Position				
Company	Company				
Address	Address				
Telephone ()	Telephone ()				
· · · · · · · · · · · · · · · · · · ·					
Use the space below to summarize any additional information nec	essary to describe your full qualifications for the specific				
position for which you are applying.					
AGREEMENT (PLEASE READ CA	AREFULLY BEFORE SIGNING)				
I certify that all the information on this application is accurate an misleading or false statements will constitute sufficient cause for re					
I understand that neither the acceptance of this application nor t with NABA creates an actual or implied contract of employment. on an at-will basis. This means that either NABA or I have the right reason, with or without cause.	I understand that, if I accept employment with NABA, it will be				
I agree to submit to drug and alcohol testing, if requested by NAI companies, from any and all liability arising out of or related in any					
I authorize NABA to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release NABA and its employees from all liability arising from such investigation.					
Signature of applicant	Date:				
Northeastern Association of the Blind at Albany ("NABA") is an equof making employment decisions without regard to race, color, religious ability. We assure you that your opportunity for employment with	gion, sex, sexual orientation, national origin, citizenship, age or				