

JOB APPLICATION

North Country Association for the Visually Impaired
22 US Oval; Suite B-15, Plattsburgh, NY 12903
518-562-2330 (p) 518-562-2331 (f)

The North Country Association for the Visually Impaired is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a NCAVI representative.

Please fill out all of the sections below:

Applicant Information:

Applicant Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Email Address: _____

Date of Application: _____

Employment Position

Position(s) applying for: _____

How did you hear about this position? _____

What days are you available for work? _____

On what date can you start work if hired? _____

Do you have access to reliable transportation? _____

Personal Information

Have you ever applied at NCAVI before? YES NO

If yes, when?

Are you 18 years of age or older? YES NO

Are you authorized to work in the US? YES NO

What document can you provide as proof of citizenship or legal status?

Do you have the abilities necessary to perform the duties and responsibilities of the job with or without accommodations? YES NO

Have you ever been convicted of a criminal offense (felony or misdemeanor)? YES NO
If yes, please state the nature of the crime(s), when and where convicted and the disposition of the case:

Job Skills/Qualifications:

Please list below the skills and qualifications you possess for the position which you are applying:

(Note: NCAVI complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Education and Training

High School

Name	Location (city, state)	Degree Earned

College/University

Name	Location (city, state)	Degree Earned

Vocational School/Specialized Training

Name	Location (city, state)	Degree Earned

Military

Are/were you a member of the Armed Services? YES NO

What training/experience did you gain from the military that would be an asset to this position?

Previous Employment

Employer Name: _____
Job Title: _____
Supervisor Name: _____
Employer Address: _____
Employer Telephone: _____
Dates Employed: _____
Reason for Leaving: _____

Employer Name: _____
Job Title: _____
Supervisor Name: _____
Employer Address: _____
Employer Telephone: _____
Dates Employed: _____
Reason for Leaving: _____

Employer Name: _____
Job Title: _____
Supervisor Name: _____
Employer Address: _____
Employer Telephone: _____
Dates Employed: _____
Reason for Leaving: _____

References

Please provide two professional and one personal reference(s) below:

Reference	Contact Information

At-Will Employment

The relationship between you and the North Country Association for the Visually Impaired (NCAVI) is referred to as “employment at will.” This means that your employment can be terminated at any time for any reason, with our without cause, with or without notice, by you or NCAVI. No representative of NCAVI has authority to enter in to any agreement contrary to the foregoing “employment at will” relationship. You understand that your employment is “at will” and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and the agency’s Executive Director.

Name (printed) Applicant Signature Date