



950 Danby Road, Suite 179, Ithaca, NY 14850  
 Phone: 607-272-8990/Fax: 607-277-7865

**APPLICATION FOR EMPLOYMENT**

<b><u>Position Desired</u></b>		<b><u>Date</u></b>
Last Name	First Name	Middle Initial
Street Address	City/State/Zip	County
Home Phone	Cell Phone	Email Address

**Please read and complete application thoroughly. Incomplete application or failure to provide requested information may result in a delay in processing, which may affect consideration of your application.**

Are you legally eligible to work in the United States? (Proof of eligibility will be required upon offer of employment)	Yes	No
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Are you over the age of 18 years? (If no, you will be required to provide working papers)	Yes	No
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Can you perform the essential functions of this job with or without reasonable accommodation? (If you have any questions about the functions of the job, please ask the interviewer before answering)	Yes	No
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Have you ever applied or worked for Challenge before? (If yes, please provide Date: _____ and Position: _____ )	Yes	No
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Have you ever been employed or worked as a contractor at Cornell University or Ithaca College? (If yes, please provide Date: _____ and Department: _____)	Yes	No
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Employment is contingent upon successful completion of a background check. Please check yes if there is anything you'd like to disclose or discuss at the interview that may be revealed in a criminal background check. (A conviction will not necessarily disqualify you.)	Yes	No
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Have you ever been the perpetrator of a substantiated allegation of abuse?	Yes	No
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Have you ever been excluded from participating in Medicare or Medicaid? (If yes, please explain: _____)	Yes	No
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Do you have a valid driver's license? (For driving positions only, insurance underwriting approval required for some positions) (If no, please explain: _____)	Yes	No
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Have you been convicted of any moving violations in the past five years? (If yes, please explain: _____)	Yes	No
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Is anyone related to you employed by Challenge? (If yes, please provide Name: _____ and Relationship: _____)	Yes	No
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On what date would you be available to work? \_\_\_\_\_

Are you interested in working:	Full Time	Part Time	Half Time	Per Diem
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**NO PERSON SHALL BE DENIED EMPLOYMENT ON THE BASIS OF ANY LEGALLY PROHIBITED DISCRIMINATION INVOLVING, BUT NOT LIMITED TO, SUCH FACTORS AS RACE, COLOR, RELIGION, NATIONAL OR ETHNIC ORIGIN, AGE, DISABILITY, MARITAL STATUS, SEXUAL ORIENTATION, GENDER IDENTITY OR EXPRESSION, GENETIC PREDISPOSITION OR CARRIER STATUS, DOMESTIC VIOLENCE VICTIM, AMNESTY OR MILITARY STATUS OR ANY OTHER STATUS UNDER LOCAL, STATE OR FEDERAL LAW**

**EDUCATION:**

Name of School and Address	Major Area of Study	# of Years Completed	Graduated Yes/No	Degree
High School				
College				
Trade or Graduate School				

**TRAINING, LICENSES or SPECIAL ACCREDITATIONS:** (please attach a copy)

Please list any specialized training, apprenticeships, licenses or skills, etc.  
 (Do **Not** list any which reflect your race, color, ethnicity, religion, gender, national origin, age, disabilities or military status)

1.	Name of Trade or Profession	License Number	Granted by (licensing agency)		City or State of
	Specialty	Date License First Issued	Registered	From: (Mo./Yr.)	To: (Mo./Yr.)
2.	Name of Training	Date Received	3. Other:		Date Received
3.	Other:	Date Received	5. Other:		Date Received

**WORK HISTORY:** START WITH PRESENT OR MOST RECENT EMPLOYER FIRST

Please **DO NOT** reference resume – Incomplete applications may not be processed

1.	From: (Mo./Yr.)	Company Name	Position	Describe Your Work
	To: (Mo./Yr.)	Address	Reason For Leaving	
		Name of Supervisor	Telephone	
2.	From: (Mo./Yr.)	Company Name	Position	Describe Your Work
	To: (Mo./Yr.)	Address	Reason For Leaving	
		Name of Supervisor	Telephone	
3.	From: (Mo./Yr.)	Company Name	Position	Describe Your Work
	To: (Mo./Yr.)	Address	Reason For Leaving	
		Name of Supervisor	Telephone	

Please explain any gaps of more than 2 months in employment: \_\_\_\_\_

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**PROFESSIONAL REFERENCE CHECK:**

References must be Manager, Supervisor or Human Resources Positions

<b>1. Reference Name:</b>		<b>2. Reference Name:</b>	
Employer:		Employer:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Telephone Number:	Cell Phone (If available)	Telephone Number:	Cell Phone (If available)
Dates you were employed:		Dates you were employed:	
From:	To:	From:	To:
Position (s) Held:		Position (s) Held:	

<b>3. Reference Name:</b>		<b>4. Reference Name:</b>	
Employer:		Employer:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Telephone Number:	Cell Phone (If available)	Telephone Number:	Cell Phone (If available)
Dates you were employed:		Dates you were employed:	
From:	To:	From:	To:
Position (s) Held:		Position (s) Held:	

**PLEASE READ CAREFULLY BEFORE SIGNING**

I certify that all information I have provided is true, complete and correct.

I authorize Challenge (or its agents) to investigate and verify all statements contained on my employment application and/or resume and any other material or information that I have provided.

I authorize any employer, school, and other individual or entity that has knowledge of me, or my records to release information to and communicate freely with Challenge. In consideration for Challenge's review of my application for employment, I hereby release my individual, entity and Challenge from all claims of liabilities that might arise from the inquiry into or disclosure of such information, including claims under any federal, state, or local civil rights law and any claims for defamation or invasion of privacy.

I suggest you contact the individuals listed for references. I understand Challenge representatives may secure references from individuals other than those listed.

I understand that submission of an application does not guarantee employment. If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and Challenge reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as required by law. This application does not constitute an agreement or contract for employment for a specified period or definite duration.

I understand that the existence of a criminal background may affect my ability to perform certain jobs, and if offered a position, Challenge has the right to review my background and perform a criminal background check. The presence of a criminal conviction in my background will not necessarily disqualify me from employment. Challenge complies with New York State Correction Law Article 23-A which provides certain rights to people previously convicted of a criminal offense, and will make an employment decision based on the bona fide relationship between the requirements of the job to be performed and the nature of the criminal offense, and based on our need to protect the safety and welfare of the public and the people we serve. Challenge will provide me with a summary of my rights under this article if I so desire. If I am arrested for a criminal offense after I am employed by Challenge, I understand that Challenge may use that information, in accordance with Article 23-A, in deciding whether to continue my employment.

In consideration for employment with Challenge, if employed, I agree to conform to the rules, regulations, policies and procedures of Challenge at all times and understand that such obedience is a condition of employment. I understand that due to the nature of Challenge business, confidentiality, attendance and punctuality are considered essential requirements of every job at Challenge and that poor attendance or tardiness will result in disciplinary action.

I understand that if I enter information in my employment application that is false, incomplete, or misrepresents the truth in any respect, Challenge may deny my application or terminate my employment, whenever it is discovered.

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Signature

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Date



## SELF DISCLOSURE FORM

In addition to running 5 businesses, Challenge also provides assistance to people with disabilities and/or economic barriers in finding employment. Please complete this voluntary form if you are interested in being contacted by a Challenge staff to see if you are eligible for our free job placement & job retention services. You may be qualified for help if you are on public assistance; or have a disability. All support services provided by Challenge are free of charge. **Completion of this form is voluntary and will not affect the status of your application for employment with Challenge.**

Check here if *any* of the following statements apply to you.

- I or a member of my immediate family receives cash or rental assistance from the Department of Social Services.
- I have some form of disability (physical, developmental, mental, or learning)
- I receive Supplemental Nutrition Assistance Program (SNAP) benefits or have applied for benefits
- I receive Social Security Benefits due to a disability
- I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
- I speak English as a second language
- I am a Veteran

Name: \_\_\_\_\_

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

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

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

This information will be kept strictly confidential. An Intake Specialist will contact you to discuss your case individually and determine eligibility.

### Disclaimer:

\*Our services at Challenge are absolutely free of charge and can assist you with your employment options through our many services and businesses within the community.



## Equal Opportunity Employment

"The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the gender, race/national origin of the individual applicants on the basis of visual observation or surname."

Ethnicity:

Hispanic or Latino \_\_\_\_\_

Not Hispanic or Latino \_\_\_\_\_

Race: (Mark one or more)

White \_\_\_\_\_ Black or African American \_\_\_\_\_

American Indian/Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_

Native Hawaiian or Other Pacific Islander \_\_\_\_\_

Gender: \_\_\_\_\_

Pronouns: \_\_\_\_\_

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*Challenge provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, national or ethnic origin, age, disability, marital status, sexual orientation, gender identity or expression, genetic predisposition or carrier status, domestic violence survivor, amnesty or military status or any other status under local, state or federal law. In addition to federal law requirements, Challenge complies with applicable state and local laws governing non-discrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.*

*Challenge Workforce Solutions expressly prohibits any form of workplace harassment based on race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability, or veteran status. Improper interference with the ability of Challenge Workforce Solution's employees to perform their job duties may result in discipline up to and including discharge.*



## Application Survey

Please enter your name below and fill out our short survey on your application experience. Thank you for your time!

Name: \_\_\_\_\_

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

1. How did you hear about Challenge?
  - a. Social Media (ex. Facebook, Radio Ad, Bus Ad, etc...)
    - i. Which platform: \_\_\_\_\_
  - b. Job Posting Website (ex. Indeed, Craigslist, NYS Job Bank, etc...)
    - i. Which platform: \_\_\_\_\_
  - c. Referred by a friend or personal contact at Challenge
    - i. Who referred you: \_\_\_\_\_
  - d. Referred through Challenge program
    - i. Which program: \_\_\_\_\_
  - e. I have worked for Challenge before
    - i. Which department: \_\_\_\_\_
  
2. Please rate the application process from Easy to Hard
  - a. It was too easy
  - b. It was just right
  - c. It was too hard
  
3. How long did it take you to complete the application?
  - a. It was really fast
  - b. It was the perfect amount of time
  - c. It was too long