



**REFERENCES: LIST 3 PERSONAL/PROFESSIONAL REFERENCES NOT RELATED TO YOU**

NAME	TITLE	BUSINESS PHONE	HOME PHONE

**EMPLOYMENT RECORD: (Start with most recent employer)**

Name of Employer		Phone (    )
Address		
Date Employed From                      To	Title	Salary
Name and Title of Supervisor	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason For Leaving
Name of Employer		Phone (    )
Address		
Date Employed From                      To	Title	Phone (    )
Name and Title of Supervisor	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason For Leaving
Name of Employer		Phone (    )
Address		
Date Employed From                      To	Title	Phone (    )
Name and Title of Supervisor	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason For Leaving

**SECURITY ISSUES**

Have you used any names or Social Security Number other than the number given on the application?

Yes                       No

Have you been convicted of a crime in the past seven years?     Yes                       No

If yes, please complete the following information in full. (Conviction will not necessarily bar employment. In accordance with company policy and applicable state and federal laws, factors such as age at time of the offense, type of offence, time since last conviction, and rehabilitation efforts will be reviewed.)

1. Type of Incident: \_\_\_\_\_  
Date of Incident: \_\_\_\_\_ City/State Incident Occurred: \_\_\_\_\_  
Charge: \_\_\_\_\_ Date of Charge: \_\_\_\_\_
2. Type of Incident: \_\_\_\_\_  
Date of Incident: \_\_\_\_\_ City/State Incident Occurred: \_\_\_\_\_  
Charge: \_\_\_\_\_ Date of Charge: \_\_\_\_\_

Are there any other experiences, skills or qualifications which you feel would especially qualify you for work with our organization?

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**CONSENT FOR DRUG/ALCOHOL TESTING**

If you are offered and accept employment with Cortland Community Reentry Program, Inc., in the interest of safety for all concerned, you will be required to take a urine test for drug use.

By signing below you acknowledge that you \_\_\_\_\_ have been fully informed of the reason for this urine test for drugs, you understand what you are being tested for, the procedure involved, and thereby freely give your consent. In addition, you acknowledge, understand and agree that the results of this test will become part of my record with Cortland Community Reentry Program, Inc.

You further acknowledge, understand and agree that if this test is positive, and for this reason you are not employed, you understand that you will be given the opportunity to explain the results of this test.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(By typing your name on the form in this area  
Is equivalent to your signature)

I certify that the information given by me in this application is true in all respects: and I agree that, if employed by Cortland Community Reentry Program Inc., and any information is found to be false in any way, I may be subject to dismissal without notice, if and when discovered.

I authorize the use of any information in the application to verify my statements; and I authorize past employers, all references, and other persons to answer all questions asked concerning my ability, character, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information. I also understand that a physical examination satisfactory to this Facility must be passed prior to employment. \_\_\_\_\_ Please Initial Here \_\_\_\_\_ Date

**Disclosure to Employment Applicant Regard Procurement of a Consumer Report**

In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that the information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision in writing of your rights under the law.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the time the report was first finished. \_\_\_\_\_ Please Initial Here \_\_\_\_\_ Date

### Authorization For Release of Information

I hereby authorize Cortland Community Reentry Program, Inc. to inquire of former employers an evaluation of my job performance and dates of association and to confirm all professional achievements stated within my application for employment. I release all persons involved from any and all claims of whatever nature I might have as a result of any and all response given to Cortland Community Reentry Program Inc. Further, I understand that all responses are the confidential property of Cortland Community Reentry Program, Inc. \_\_\_\_\_ Please Initial Here \_\_\_\_\_ Date

By signing your signature below, you are stating that you understand and that you hereby authorize us to obtain any reports or inquiries explained in the above paragraphs.

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Signature of Applicant  
(By typing your name on the form in this area  
Is equivalent to your signature)

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Date