

DATE: _____

NAME: _____
 Last First Mid Init.

ADDRESS: _____
 Street

City State Zip

HOME PHONE: _____

CELL PHONE: _____

EMAIL: _____

If under 18, can you provide a worker's permit? Yes No

Do you have a driver's license? (Answer only if applicable to job duties) Yes No

Are you legally able to accept employment in the United States? Yes No

Have you been convicted of a felony in the last seven years? Yes No

If yes, please explain: _____

WHERE ARE YOU APPLYING FOR WORK? (CHECK BOX)

- Belleayre Mountain
- Gore Mountain
- Whiteface Mountain
- Olympic Center
- Olympic Jumping Complex
- Olympic Sports Complex
- ORDA Store
- Administration

Position you are applying for:

How soon are you available?

ONLY ANSWER THIS QUESTION IF YOU HAVE BEEN INFORMED OF THE JOB REQUIREMENTS:

Are you able to perform, in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? _____ Yes _____ No

EMPLOYMENT HISTORY

Start with your most recent job. Please include military assignments and volunteer work.

#1. WORKED FROM _____ TO _____ EMPLOYER: _____
 TITLE AND DUTIES: _____ REASON FOR LEAVING: _____

#2. WORKED FROM _____ TO _____ EMPLOYER: _____
 TITLE AND DUTIES: _____ REASON FOR LEAVING: _____

#3. WORKED FROM _____ TO _____ EMPLOYER: _____
 TITLE AND DUTIES: _____ REASON FOR LEAVING: _____

#4. WORKED FROM _____ TO _____ EMPLOYER: _____
 TITLE AND DUTIES: _____ REASON FOR LEAVING: _____

EDUCATION

NAME OF ELEMENTARY SCHOOL: _____ YEARS COMPLETED (THROUGH 8TH GRADE): _____

NAME OF HIGH SCHOOL: _____ YEARS COMPLETED (THROUGH 12TH GRADE): _____

NAME OF COLLEGE(s) (if applicable): _____ DEGREE(s): _____

DESCRIBE ANY SPECIALIZED TRAINING OR SPECIAL RECOGNITION YOU HAVE RECEIVED:

PERSONAL REFERENCES (do not use relatives nor former employers):

NAME ADDRESS PHONE

NAME ADDRESS PHONE

NAME ADDRESS PHONE

NAME ADDRESS PHONE

PLEASE PROVIDE ANY ADDITIONAL INFORMATION YOU'D LIKE US TO CONSIDER WITH YOUR APPLICATION.

I hereby certify that the information provided herein is true and accurate to the best of my knowledge. I further authorize investigation of all information provided herein for employment as may be necessary in arriving at an employment decision. This includes contacting references and past employers. In the event of employment, I understand that false or misleading information provided in this application may result in discharge.

Signature

____/____/____

Date

Pursuant to Executive Order 161, no State entity, as defined by the Executive Order, is permitted to ask, or mandate, in any form, that an applicant for employment provide his or her current compensation, or any prior compensation history, until such time as the applicant is extended a conditional offer of employment with compensation. If such information has been requested from you before such time, please contact the Governor's Office of Employee Relations at (518) 474-6988 or via email at info@goer.ny.gov.

ORDA is an Affirmative Action / Equal Opportunity Employer