



Employment Application

Please print or type. The application must be fully completed and signed to be considered. Please complete each section, even if you attach a resume.

Vista on 5th is an equal opportunity/affirmative action employer. NYS Law prohibits discrimination because of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status, domestic violence victim status, carrier status, gender identity or prior conviction records, or prior arrests, youthful offender adjudications, or sealed records unless based upon a bona fide occupational qualification or other exception.

If you are a person with a disability and wish to request that a reasonable accommodation be provided for you to participate in a job interview, please contact: Human Resources at 212-534-6464 ext. 5113 or juan.sanchez@vistaon5th.org

Applicants may be required to complete additional components of the Employment Application as directed by HR. **Filling out an application does not guarantee an interview for the position.**

Personal Information

Name

Address		City	State	Zip
Phone Number	Mobile Number	Email Address		
Are You Legally Eligible For Employment in The United States? Yes <input type="checkbox"/> No <input type="checkbox"/>		Have You Ever Been Convicted Of A Felony? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Selected For Employment Are You Willing To Submit to a Pre-Employment Drug Screening Test? Yes <input type="checkbox"/> No <input type="checkbox"/>				

Position

Position You Are Applying For	Available Start Date	Desired Pay
Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/Temporary		

Shift Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							
Overnight							

Education

School Name	Location	Years Attended	Degree Received	Major

References (at least two)

Name	Title	Company	Phone #	Email Address:

Employment History

Employer (1)	Job Title		Dates Employed
Work Phone	Supervisor's Email:		
Address	City	State	Zip
Employer (2)	Job Title		Dates Employed
Work Phone	Supervisor's Email:		
Address	City	State	Zip
Employer (3)	Job Title		Dates Employed
Work Phone	Supervisor's Email:		
Address	City	State	Zip

Signature Disclaimer

I affirm that all statements made by me on this form, including attached papers, are true, complete and correct to the best of my knowledge. I understand all statements made by me in connection with this application are subject to investigation and verification and that falsification or omission of information is cause for the revocation of offer of employment or dismissal from employment. I understand that knowingly making a false statement on this application or any attachment or supporting document is punishable as a misdemeanor pursuant to Section 210.45 of the NYS Penal Law.

I hereby authorize any former or current employer, military records center, or school to provide Vista on 5th and/or the hiring authority any and all information necessary to reach an employment decision including, but not limited to, information regarding my job duties, attendance, behavior, work habits, skills, abilities, claims, liabilities, damage, and relationships with coworkers, customers or supervisors.

Name (Please Print)	Signature	Date