



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 jesenia.agosto@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

No

Have You Ever Been Convicted Of A Felony?

Yes

No

If Selected For Employment Are You Willing To Submit to a Pre-Employment Drug Screening Test?

Yes

No

Position

Position You Are Applying For

Available Start Date

Desired Pay

Employment Desired

Full Time

Part Time

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
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