



Employment Application

100 Elwood Davis Road North Syracuse, NY 13212-4312 (315)453-2866 Fax (315)453-2872
www.ocrra.org

Today's Date	Position Desired

Applicant Information

Last Name		First Name		M.I.
Street Address		City	State	ZIP code
Phone	Cell Phone		E-Mail Address	
Are you a citizen of the United States?		Are you authorized to work in the United States?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of any crime?	If Yes, explain (if additional space is need please use area on page 4)			
<input type="checkbox"/> Yes <input type="checkbox"/> No				

OCRRA provides equal employment opportunities to all employees and applicants for employment without regard to race, sex, religion, color, national origin, disability, age, marital status, sexual orientation, gender identity or expression, familial status, military status, arrest or conviction record, predisposing genetic characteristics, or if they are a victim of domestic violence in accordance with applicable State and Federal laws.

Background investigations: Applicants will be required to undergo a criminal history background investigation to determine suitability for appointment. In addition, once an applicant accepts an offer of employment, the applicant will be required to undergo a medical evaluation including drug and alcohol testing in accordance with OCRRA's Drug and Alcohol policy and Federal Department of Transportation regulations.

Declaration: I have read and understand OCRRA's requirements for a pre-employment medical examination including drug and alcohol testing and a criminal history background check to determine suitability for appointment and consent to both the testing and the background check.

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview will result in termination of employment.

By my signature below I accept the above pre-conditions of employment.

Signature	Date

Education

High School	Address	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
College	Address	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Degree	Major course of study	Date degree received
Other College	Address	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Degree	Major course of study	Date degree received
Other Education	Address	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe course completed		

Special Skills

Other Training	Address	Did you complete? <input type="checkbox"/> Yes <input type="checkbox"/> No
Driver training	Address	Did you complete? <input type="checkbox"/> Yes <input type="checkbox"/> No
Commercial Drivers License and State of Issuance	Date of Expiration	Endorsement or restrictions

Previous Employment beginning with most recent employment

Company	Address	Phone
From Date	To Date	Position Held
Supervisor's Name		Supervisor's Title
Reason for Leaving		
Describe your duties in detail		

Company	Address	Phone
From Date	To Date	Position Held
Supervisor's Name		Supervisor's Title
Reason for Leaving		
Describe your duties in detail		

Company	Address	Phone
From Date	To Date	Position Held
Supervisor's Name		Supervisor's Title
Reason for Leaving		
Describe your duties in detail		

Company	Address	Phone
From Date	To Date	Position Held
Supervisor's Name		Supervisor's Title
Reason for Leaving		
Describe your duties in detail		

References (please list two references other than relatives or previous employers)

Name	Name
Occupation	Occupation
Company	Company
Address	Address
Phone	Phone

Use the space below to complete or summarize any information necessary to describe your full qualifications for the position for which you are applying.
