



APPLICATION FOR EMPLOYMENT

Central Association for the Blind and Visually Impaired

CABVI is an Equal Employment Opportunity employer and welcomes all qualified applicants. Qualified applicants will receive fair and impartial consideration without regard to race, sex, color, religion, national origin, age, disability, veteran status, genetic data or any other legally protected status.

Application will remain on file for one year and interest in a position beyond this date will require completion of a new application.

IMPORTANT: Please Type or Print All Requested Information in Its Entirety, Including Information That May Already Be Listed on Your Resume.

POSITION APPLIED FOR: _____

DATE OF APPLICATION: ____/____/____ Check Which Apply: Full Time Part Time

PERSONAL DATA

First Name _____ MI _____ Last Name _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ - _____ Alternative Phone: (_____) _____ - _____

Are you over 18? Yes No. If not, do you have working papers Yes No

Are you authorized to legally work in the United States? Yes No

When could you start work? _____

Have you been convicted of, or pleaded guilty or no contest to a felony? Yes No.
(A conviction will not necessarily disqualify you from being considered as a candidate for employment.) If "yes," please explain in the comments section on the last page.

If the position you are applying for involves evening or weekend work, can you fulfill such scheduling requirements? Yes No Not Applicable

Are you willing to work additional hours as required? Yes No

Are you willing to travel as required? Yes No

Where did you find out information about our agency/job vacancy?

Add in the paper _____ Internet posting _____ NYS Dept. Of Labor Website/Posting _____

Temp Agency (name) _____ Other (explain) _____

EDUCATION AND TRAINING

	Name and Address	Major	No Years Attended	Degree or Diploma
High School				
College/University				
Certificates				
Other				

Are you studying now? Yes No If yes, what and where? _____

Other training, experience, or activities job related _____

Do you have the ability to perform essential functions of the job? Yes No
(a full job description is available from HR upon request)

Technical skills _____

Computer systems knowledge (check all that apply): Windows ___ MS Word ___

MS Office ___ MS Excel ___ Macola ___ Others _____

PROFESSIONAL REFERENCES:

Name:	Title:	Company:	Phone #:

EMPLOYMENT HISTORY AND REFERENCES

List below your work experience (**starting with your present or most recent employer**) for the last ten years. Please account for any periods of unemployment. Include military service, internships, and relevant volunteer service.

Dates of Empl. From To	Employer's Name, Address, and Phone Number	Gross Annual Salary	Immediate Supervisor
		Positions Held	Reason for leaving
	Phone		
	Phone		
	Phone		

ACKNOWLEDGEMENT AND UNDERSTANDING:

I hereby affirm that the information provided in this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me and be considered sufficient justification for dismissal if discovered at a later date.

I understand that if employed, my employment is for no definite period of time and that I may terminate my employment relationship with the Central Association for the Blind and Visually Impaired (CABVI) at any time, for any reason, and that CABVI has the same right (Employment at Will). I also understand that no representative of CABVI has any authority to enter into any agreement contrary to the foregoing or make any assurance or promise of continued employment.

If employment is obtained under this application I will comply with all rules and regulations of CABVI, which I understand are subject to change from time to time by CABVI. I agree to be responsible for property and equipment issued to me by CABVI until returned to CABVI.

I understand that according to federal law all individuals must, as a condition of employment, produce certain documentation to verify their identity as a U.S. citizen, or if aliens, their legal authorization to work in the U.S.A. As a result, I understand that any offer of employment would be contingent upon my ability to produce the required documentation within the time period required by law.

I authorize investigation of all statements contained in this application for employment (and accompanying resume, if any) as may be necessary in arriving at an employment decision.

Signature of Applicant: _____ Date: ____/____/____

This Employer Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

Employment Verification.  Done.

For more information on E-Verify, please contact DHS at:
1-888-464-4218



EMPLOYER IS A MEMBER OF SSA AND DHS.