Employment Application

North Central Sight Services, Inc. 2121 Reach Rd, Williamsport, PA 17701
Phone: (570) 323-9401 / 1-866-320-2580 Website: www.ncsight.org

Full Name: _____ Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email Address: _____

What position are you applying for? _____

Please list three things you hope to accomplish/achieve through employment with North Central Sight Services, Inc.

_____

_____

_____

Do you have a valid driver's license?

☐ **Yes, Expiration Date: _____** ☐ **No**

If you are under age 18, can you furnish a work permit?

☐ **Yes** ☐ **No**

Have you filed an application to or worked for North Central Sight Services, Inc. before?

☐ **Yes, When: _____** ☐ **No**

Date available to begin employment? _____

☐ **Full Time (Between 30-40 hours per week.)** ☐ **Temporary/Seasonal**

☐ **Part Time (Up to 29 hours per week.)**

<u>Employment History:</u> Starting with your most recent employment, please list your experience, including any military service assignments and volunteer activities relative to the position you are applying for.

Employer Name: _____ Reason for Leaving: _____
Phone: _____ Dates Employed: _____
Supervisor: _____

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Education: **Please provide your education history, starting with your most recent, including any relevant trainings or certifications that you feel would provide meaningful impact to the position you are applying for.**

School Name: _____ **Degree/Certification:** _____
Education Level: _____ **Dates Enrolled:** _____

School Name: _____ **Degree/Certification:** _____
Education Level: _____ **Dates Enrolled:** _____

School Name: _____ **Degree/Certification:** _____
Education Level: _____ **Dates Enrolled:** _____

References: **Please provide a list of professional references, who are not related to you or from your own household:**

Name: _____ **Time Known:** _____
Phone: _____ **Relationship:** _____

Name: _____ **Time Known:** _____
Phone: _____ **Relationship:** _____

Name: _____ **Time Known:** _____
Phone: _____ **Relationship:** _____

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not, and is not intended to be, a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of North Central Sight Services, Inc.

Signature of Applicant: _____ **Date:** _____