



**ROOSEVELT ISLAND OPERATING CORPORATION**  
**of the State of New York**  
591 Main Street  
Roosevelt Island, New York 10044

**Andrew M. Cuomo**  
Governor

**Charlene M. Indelicato**  
Chief Executive Officer

**APPLICATION FOR EMPLOYMENT**

(Please Print)

SS. # \_\_\_\_\_

NAME \_\_\_\_\_  
Last First Middle

DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
No. Street City State Zip

TELEPHONE: (\_\_\_\_) \_\_\_\_\_

Are you 18 years of age or older?  Yes  No

If hired, can you provide written evidence that you are authorized to work in the U.S.?

Yes  No

Position applying for: \_\_\_\_\_ F/T\_\_\_ P/T\_\_\_ Seasonal \_\_\_  
Salary Desired \_\_\_\_\_

How were you referred to our organization? \_\_\_\_\_  
\_\_\_\_\_

Do you have any relatives who are employed by this organization?  Yes  No

Please specify: \_\_\_\_\_

If there is any information we would need about your name or use of another name for us to be able to check your work record?  Yes  No Please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A conviction record will not necessarily be a bar to employment. Factors such as age at time of offense, date, seriousness and nature of the offense, and rehabilitation will be taken into account.

Have you ever been convicted of a crime, excluding traffic convictions?  Yes  No if so, please describe. \_\_\_\_\_

Have you ever been employed by Roosevelt Island Operating Corporation?  Yes  No

If yes, please specify \_\_\_\_\_

If your application is considered favorable, on what date will you be available for work \_\_\_\_

Are you able to perform the functions of the position for which you have applied?

Yes  No

### EDUCATION RECORD

School	Name and Address of School	Course of Study	Check Last Year Completed				Did you Graduate	Diploma or Degree
			1	2	3	4		
High	_____	_____	1	2	3	4		
	_____		1	2	3	4		
College	_____	_____	1	2	3	4		
	_____		1	2	3	4		
Other	_____	_____	1	2	3	4		

List any licenses you hold that are required for the job for which you are applying ( include driver's license). \_\_\_\_\_

### SKILLS (Please list)

COMPUTER SYSTEM:

SOFTWARE \_\_\_\_\_

HARDWARE \_\_\_\_\_

OTHER: \_\_\_\_\_

## EXPERIENCE RECORD

**PLEASE SUPPLY US WITH ANY OTHER NAMES WHICH YOU HAVE WORKED UNDER AT THE JOBS LISTED BELOW \_\_\_\_\_**

**List below all present and past employment, beginning with your most recent.**

<b>Name of Firm</b>	<b>Address of Firm</b>		<b>Phone Number</b>
<b>Position Held</b>	<b>Dates Employed</b> From:                      To:	<b>Final Salary</b>	<b>Immediate supervisor</b>
<b>Reason for Leaving</b>			<b>No. Of hours worked per week (exclusive of overtime)</b>
<b>Describe Duties in Detail:</b>			

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<b>Describe Duties in Detail:</b>			

**U. S. MILITARY SERVICE**

Branch of service \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Rank and type of service \_\_\_\_\_

Training/Experience received \_\_\_\_\_

**REFERENCES (Do not include relatives)**

Name	Occupation	Years known	Address
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**APPLICANT'S STATEMENT**

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason, consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the Chief Operating Officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identify; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of 6 months; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Do we have permission to contact your present employer?  Yes  No

Signature of Applicant \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

*ROOSEVELT ISLAND OPERATING CORPORATION -  
AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER*

**DO NOT WRITE IN THIS SPACE/ FOR OFFICE USE ONLY**

**Date of Employment** \_\_\_\_\_ **Supervisor** \_\_\_\_\_

**Position** \_\_\_\_\_

**Department** \_\_\_\_\_ **Salary** \_\_\_\_\_

**Approved** \_\_\_\_\_

*Note: Please disregard all previous versions of the Application of Employment*