



OLYMPIC REGIONAL  
NEW YORK  
DEVELOPMENT AUTHORITY

# APPLICATION FOR EMPLOYMENT

NAME: \_\_\_\_\_  
Last First Mid Init.

ADDRESS: \_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

PHONE: \_\_\_\_\_

CELL/MOBILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

If under 18, can you provide a worker's permit? Yes No

Do you have a driver's license? Yes No  
(Answer only if applicable to job duties)

Are you legally able to accept employment in the United States? Yes No



Have you been convicted of a felony in the last seven years? Yes No


If yes, please explain: \_\_\_\_\_



NEW YORK STATE OF OPPORTUNITY

WHERE ARE YOU APPLYING FOR WORK  
 (PLEASE CIRCLE)

**BELLEVUE** **GORE**

   
 OLYMPIC CENTER OLYMPIC JUMPING COMPLEX

   
 OLYMPIC SPORTS COMPLEX WHITEFACE

   
 ORDA STORE ADMINISTRATION

POSITION YOU ARE APPLYING FOR:  
 \_\_\_\_\_

How soon are you available? \_\_\_\_\_

Previously employed by ORDA?  Yes  No

If so, where? \_\_\_\_\_

**ONLY ANSWER THIS QUESTION IF YOU HAVE BEEN INFORMED OF THE JOB REQUIREMENTS:**

Are you able to perform, in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? Yes No

**EMPLOYMENT HISTORY** Start with your most recent job. Please include military assignments and volunteer work

#1	WORKED FROM _____ TO _____	EMPLOYER:
	TITLE AND DUTIES:	REASON FOR LEAVING:
#2	WORKED FROM _____ TO _____	EMPLOYER:
	TITLE AND DUTIES:	REASON FOR LEAVING:
#3	WORKED FROM _____ TO _____	EMPLOYER:
	TITLE AND DUTIES:	REASON FOR LEAVING:
#4	WORKED FROM _____ TO _____	EMPLOYER:
	TITLE AND DUTIES:	REASON FOR LEAVING:

**EDUCATION**

NAME OF ELEMENTARY SCHOOL: \_\_\_\_\_ YEARS COMPLETED (THROUGH 8<sup>TH</sup> GRADE): \_\_\_\_\_

NAME OF HIGH SCHOOL: \_\_\_\_\_ YEARS COMPLETED (THROUGH 12<sup>TH</sup> GRADE): \_\_\_\_\_

NAME OF COLLEGE(s) (if applicable) \_\_\_\_\_ DEGREE(s): \_\_\_\_\_

DESCRIBE ANY SPECIALIZED TRAINING OR SPECIAL RECOGNITION YOU HAVE RECEIVED:

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**PERSONAL REFERENCES (do not use relatives nor former employers):**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**PLEASE PROVIDE ANY ADDITIONAL INFORMATION YOU'D LIKE US TO CONSIDER WITH YOUR APPLICATION**

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I hereby certify that the information provided herein is true and accurate to the best of my knowledge. I further authorize investigation of all information provided herein for employment as may be necessary in arriving at an employment decision. This includes contacting references and past employers. In the event of employment, I understand that false or misleading information provided in this application may result in discharge.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Date

*Pursuant to Executive Order 161, no State entity, as defined by the Executive Order, is permitted to ask, or mandate, in any form, that an applicant for employment provide his or her current compensation, or any prior compensation history, until such time as the applicant is extended a conditional offer of employment with compensation. If such information has been requested from you before such time, please contact the Governor's Office of Employee Relations at (518) 474-6988 or via email at [info@goer.ny.gov](mailto:info@goer.ny.gov).*