VICTOR: 590 Fishers Station Dr., Suite 130

Victor, New York 14564

GATES: 2765 Buffalo Rd., Suite 1B

Rochester, New York 14624

BUFFALO: 875 Elmwood Ave.

Buffalo, New York 14222

Phone: (585) 924-7207

Fax: (585) 924-7049

[www.clinassoc.com](http://www.clinassoc.com)



***Employment Application***

Clinical Associates of the Finger Lakes (CAFL) is an Equal Opportunity Employer – All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

*Please complete all fields. Incomplete information could disqualify you from further consideration.*

**Personal Information**

Name:       Date:

Address:

Email Address:

Best Phone #:       This is a: [ ]  Cell # [ ]  Home# Secondary #:       This is a: [ ]  Cell # [ ]  Home#

Are you eligible to work in the U.S.? [ ]  Yes [ ]  No Are you at least 18 years or older? [ ]  Yes [ ]  No

*In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire.*

Have you ever been terminated or asked to resign by an employer? [ ]  Yes [ ]  No

**If yes,** please provide company names and details

Do you have any currently pending arrests or accusations? Have you ever been convicted of a criminal offense (felony or misdemeanor)? [ ]  Yes [ ]  No **If yes,** please explain each pending arrest, accusation or conviction:

Note: *No applicant will be denied employment based solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that effect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for, however, may be considered.*

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation?

[ ]  Yes [ ]  No **If no**, explain:

**Employment Desired**

Position desired:       Preferred territory:

Date you can start:       Hourly Rate/Salary desired:

Are you currently employed?       If so, may we contact your present employer?

**Referral Source**

How did you hear about us? [ ]  Walk In [ ]  Advertisement [ ]  Referral [ ]  Former Employee [ ]  Other Explain:

Do you know anyone that works for CAFL? [ ]  Yes [ ]  No If yes, who?

**Licence/Certification**

**License:**

*Note: if listed on Office of Professions under a different (e.g. maiden) name, please specify*

**Certification(s):**

*Note: if listed on TEACH under a different (e.g. maiden) name, please specify*

**Signature of Applicant:**