



North Country Colocation Services
194 County Road 45
Massena, NY 13662
(518) 732-6462

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

FULL NAME: _____ **DATE:** _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

E-MAIL: _____ **PHONE:** _____

SOCIAL SECURITY NUMBER (SSN): _____

DATE AVAILABLE: _____ **DESIRED PAY:** \$ _____ per _____

POSITION APPLIED FOR: _____

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S? _____

HAVE YOU EVER WORKED FOR THIS EMPLOYER? _____

***IF YES, WRITE THE START AND END DATES:** _____



CRIMINAL HISTORY & BACKGROUND CHECK INFORMATION

HAVE YOU BEEN CONVICTED OF A CRIME IN NEW YORK STATE OR ANY OTHER JURISDICTION? (Check One) Yes _____; No _____

IF YES, PLEASE LIST: _____

DO YOU HAVE PENDING ARREST CHARGES? (Check One) Yes _____; No _____

IF YES, PLEASE LIST: _____

Applicant understands that, where permissible under applicable federal, state, or local law, they may be subject to a pre-employment background check after receiving a conditional offer of employment to investigate criminal background, driving record, credit history, and other matters related to their suitability for employment. Applicant will receive a separate disclosure and acknowledgement of consent will be provided on the Conditional "At-Will" Job Offer prior to any background check being conducted.

EDUCATION

HIGH SCHOOL: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

GRADUATE? _____ **DIPLOMA:** _____

COLLEGE/UNIVERSITY: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

GRADUATE? _____ **DIPLOMA:** _____

OTHER: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

DEGREE/CERTIFICATION: _____

OTHER: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

DEGREE/CERTIFICATION: _____



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PREVIOUS EMPLOYMENT

EMPLOYER 1: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

_____ City State Zip Code

STARTING PAY: \$ _____ per _____ ENDING PAY: \$ _____ per _____

JOB TITLE: _____

RESPONSIBILITIES:

FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 2: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

_____ City State Zip Code

STARTING PAY: \$ _____ per _____ ENDING PAY: \$ _____ per _____

JOB TITLE: _____



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RESPONSIBILITIES:

FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 3:

Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____

Street Address

Apt/Suite

City

State

Zip Code

STARTING PAY: \$ _____ per _____ ENDING PAY: \$ _____ per _____

JOB TITLE: _____

RESPONSIBILITIES:

FROM: _____ TO: _____

REASON FOR LEAVING: _____



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REFERENCES

(At Least 2 Professional and 1 Personal Reference)

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ **TITLE:** _____

E-MAIL: _____ **PHONE:** _____

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ **TITLE:** _____

E-MAIL: _____ **PHONE:** _____

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ **TITLE:** _____

E-MAIL: _____ **PHONE:** _____

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Applicant further understands that NCCS is an at-will employer, which means that employment can be terminated by the employer or employee at any time, for any reason (or no reason), and with or without notice.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____

DATE _____