



AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

Employment Application for Community to Work Program

Central Hudson Gas & Electric Corporation considers all applicants for employment without regard to race, color, religion, sex, sexual orientation, national origin, age or disability, or status as a Vietnam-era, special disabled or other covered veteran in accordance with federal law. Central Hudson also complies with applicable state and local laws in each area in which it maintains facilities. In addition, the Company provides "reasonable accommodations" to qualified individuals with disabilities, in accordance with the Americans with Disabilities Act and applicable state and local laws.

NAME: LAST		FIRST	MIDDLE
PRESENT ADDRESS: NO.	STREET	CITY	STATE ZIP
SOCIAL SECURITY NO. / TAX PAYER ID	TELEPHONE: HOME ()	CELL ()	E-MAIL

Are you 18 years of age or older? Yes No

Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, all offers of employment are subject to verification of each applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization within three days of starting work.

Are you authorized to work for all employers in the United States on a full-time basis, or only for your current employer?

All employers Current employer only

List previous home / mailing addresses:

1. _____
2. _____
3. _____
4. _____

Are you able to perform the essential functions of the position for which you have applied, with or without reasonable accommodation? Yes No

If no, please explain _____

Are you available to work? Rotating Shift Full-time Part-time Temporary/Intern

Have you ever been employed here before? Yes No If yes, give dates: From: _____ To: _____

Have you ever applied here before? Yes No If yes, give date: _____

Have you ever been convicted of a crime? Yes No If yes, please describe fully the nature of the offense, the date and your rehabilitation since the conviction(s). (A conviction will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent permitted by applicable law.)

List friends or relatives employed by this Company:

1. _____ Relative: (Please list relationship) _____
2. _____ Relative: (Please list relationship) _____
3. _____ Relative: (Please list relationship) _____

Do you have a valid driver's license? Yes No If yes, from what state(s) _____ What Class? _____

HIGH SCHOOL: (Name, complete address & phone #)	<input type="checkbox"/> GED	GPA/Course/Major	Highest Grade/Degree Completed
COLLEGE: (Name, complete address & phone #)		GPA/Course/Major	Highest Grade/Degree Completed
ELEMENTARY OR GRADE SCHOOL: (Name, complete address & phone #)		GPA/Course/Major	Highest Grade/Degree Completed
OTHER: (Name, complete address & phone #)		GPA/Course/Major	Highest Grade/Degree Completed

List special skills, qualifications and mechanical training acquired from employment or other experience. Exclude those which would reveal sex, race, religion, national origin, age, ancestry, physical or mental disability or other protected status. _____

List professional, trade, business or civic activities and offices held: (Exclude those which reveal sex, race, religion, national origin, age, ancestry, physical or mental disability or other protected status) _____

Specialized technical licenses: _____

Have you ever served in the U.S. Armed Forces? Yes No

List duties in the Service, including special training that is relevant to the position for which you have applied. _____

Please complete in detail as ALL information is required. (Do not write "Please see resume")

EMPLOYMENT HISTORY (Please Print)

Beginning with the most recent employer, list all positions held chronologically. Include military service assignments and volunteer activities. Account for any gaps in employment.

DATES EMPLOYED: FROM: MO./YR. TO: MO./YR.	JOB TITLE/DEPT.	SUPERVISOR'S NAME	
1. EMPLOYER'S COMPLETE NAME & CONTACT INFORMATION: (Include Correct Street Name, City, State, Zip Code and Phone Number)			
DESCRIBE DUTIES/RESPONSIBILITIES		SALARY OR WAGES	REASON FOR LEAVING

May we contact your present employer after an offer of employment has been made? Yes No

DATES EMPLOYED: FROM: MO./YR. TO: MO./YR.	JOB TITLE/DEPT.	SUPERVISOR'S NAME	
2. EMPLOYER'S COMPLETE NAME & CONTACT INFORMATION: (Include Correct Street Name, City, State, Zip Code and Phone Number)			
DESCRIBE DUTIES/RESPONSIBILITIES		SALARY OR WAGES	REASON FOR LEAVING

EMPLOYMENT HISTORY *(Continued - Please Print)*

3.	DATES EMPLOYED: FROM: MO./YR. TO: MO./YR.	JOB TITLE/DEPT.		SUPERVISOR'S NAME
EMPLOYER'S COMPLETE NAME & CONTACT INFORMATION: (Include Correct Street Name, City, State, Zip Code and Phone Number)				
DESCRIBE DUTIES/RESPONSIBILITIES			SALARY OR WAGES	REASON FOR LEAVING
4.	DATES EMPLOYED: FROM: MO./YR. TO: MO./YR.	JOB TITLE/DEPT.		SUPERVISOR'S NAME
EMPLOYER'S COMPLETE NAME & CONTACT INFORMATION: (Include Correct Street Name, City, State, Zip Code and Phone Number)				
DESCRIBE DUTIES/RESPONSIBILITIES			SALARY OR WAGES	REASON FOR LEAVING
5.	DATES EMPLOYED: FROM: MO./YR. TO: MO./YR.	JOB TITLE/DEPT.		SUPERVISOR'S NAME
EMPLOYER'S COMPLETE NAME & CONTACT INFORMATION: (Include Correct Street Name, City, State, Zip Code and Phone Number)				
DESCRIBE DUTIES/RESPONSIBILITIES			SALARY OR WAGES	REASON FOR LEAVING
6.	DATES EMPLOYED: FROM: MO./YR. TO: MO./YR.	JOB TITLE/DEPT.		SUPERVISOR'S NAME
EMPLOYER'S COMPLETE NAME & CONTACT INFORMATION: (Include Correct Street Name, City, State, Zip Code and Phone Number)				
DESCRIBE DUTIES/RESPONSIBILITIES			SALARY OR WAGES	REASON FOR LEAVING

PRE-EMPLOYMENT STATEMENT: *(Please read carefully and sign the statement below)*

I understand and agree that:

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification of refusal of employment, or if employed, termination from the Company's employ.
2. Any offer of employment I may receive from the Company is contingent upon my successful completion of the company's total pre-employment screening process, including the Company's receiving references that it considers satisfactory, and my satisfactory completion of any post-offer pre-employment medical examination at any time at the Company's request. I hereby consent to having the results of any post-offer pre-employment or post-employment medical exams I may be required to take be disclosed to the Company.
3. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of the Company. I hereby consent to having the results of any such alcohol or drug screening I may be required to undergo disclosed to the Company.
4. I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.
5. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the Company and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the Company or myself. I further understand that no manager or representative of the Company, other than the Vice President of Human Resources, has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to the foregoing. I further understand that any agreement, if made, shall not be enforceable unless it is in writing and signed by me and the Vice President of Human Resources. I also agree to respond positively to work assignments which may be outside my normal working hours.

Signature: _____ Date: _____

