

Family Income Form

For residents of: Seneca County, NY

The employment position for which you are applying has been made available with financial assistance provided from Federal Community Development Block Grant funding. As a result, the employer is required to obtain the following information:

Name: _____

Address: _____

INSTRUCTIONS

Determine your family size by counting yourself and each family member who **currently** resides with you within the same housing unit and enter the number in the space provided. A family member is a person who is related to you by birth, marriage, or adoption. Next, total the income from all sources received during the last calendar year (January through December) by yourself and each member of your family who **currently** resides with you and check the box for the appropriate range.

Family Size _____			
Below	\$14,150	<input type="checkbox"/>	\$38,061 - \$39,100 <input type="checkbox"/>
\$14,150 -	\$16,460	<input type="checkbox"/>	\$39,101 - \$41,800 <input type="checkbox"/>
\$16,461 -	\$20,780	<input type="checkbox"/>	\$41,801 - \$42,380 <input type="checkbox"/>
\$20,781 -	\$23,600	<input type="checkbox"/>	\$42,381 - \$43,150 <input type="checkbox"/>
\$23,601 -	\$25,100	<input type="checkbox"/>	\$43,151 - \$44,500 <input type="checkbox"/>
\$25,101 -	\$27,000	<input type="checkbox"/>	\$44,501 - \$48,550 <input type="checkbox"/>
\$27,001 -	\$29,420	<input type="checkbox"/>	\$48,551 - \$53,900 <input type="checkbox"/>
\$29,421 -	\$30,350	<input type="checkbox"/>	\$53,901 - \$58,250 <input type="checkbox"/>
\$30,351 -	\$33,700	<input type="checkbox"/>	\$58,251 - \$62,550 <input type="checkbox"/>
\$33,701 -	\$33,740	<input type="checkbox"/>	\$62,551 - \$66,850 <input type="checkbox"/>
\$33,741 -	\$36,400	<input type="checkbox"/>	\$66,851 - \$71,150 <input type="checkbox"/>
\$36,401 -	\$37,750	<input type="checkbox"/>	Over \$71,150 <input type="checkbox"/>
\$37,751 -	\$38,060	<input type="checkbox"/>	

Check if you are a female head of household	<input type="checkbox"/>
Check if you are a disabled individual	<input type="checkbox"/>
Check if you are at least 65 years old	<input type="checkbox"/>
Check if you are currently unemployed	<input type="checkbox"/>

Ethnic Origin check one (x)
<input type="checkbox"/> White
<input type="checkbox"/> Black/African American
<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
<input type="checkbox"/> American Indian/Alaskan Native and White
<input type="checkbox"/> Asian and White
<input type="checkbox"/> Black/African American and White
<input type="checkbox"/> American Indian/Alaskan Native and Black
<input type="checkbox"/> Other (specify: _____)

In addition to checking a box above, check the following box if applicable:

Hispanic (Spanish origin)

The information provided herein will be confidential and will only be used to provide statistical data required under the Community Development Block Grant program. It is subject to verification pursuant to the rules and regulations of the U. S. Department of Housing and Urban Development.

I CERTIFY THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signature
Date

NOLAN'S

On Canandaigua Lake

S T E A K S E A F O O D P A S T A

Application for Employment

Nolan's on the Lake is an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed servicemen status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local law.

Name _____ Date _____

Position Applied For _____ Telephone () _____ - _____

Present Address _____
Street, Apartment or Unit Number

_____ City _____ State _____ Zip Code _____

Desired Salary Rate _____

If under the age of 18, can you provide the necessary work certificate at the time of employment? Yes No

Type of Employment Desired? Full Time Part Time (Specify Hours) _____

Are you willing to work overtime? Yes No Date on which you can start work if hired _____

Have you previously applied for employment with this company? Yes No

If yes, when did you apply? _____

Have you ever been employed by this company? Yes No

If yes, provide dates of employment and reason for separation of employment _____

WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with present or last employer listed first. Account for all periods of time including any period of unemployment. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service.

EMPLOYER

_____	_____	_____
Name	Address	Type of Business
Telephone () _____ - _____	Dates Employed: From _____ To _____	
Job Title _____	Duties _____	
Supervisor's Name _____	May We Contact: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, why not? _____	
Wages: Start _____ Final _____	Reason for Leaving _____	

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_____	_____	_____
Name	Address	Type of Business
Telephone () _____ - _____	Dates Employed: From _____ To _____	
Job Title _____	Duties _____	
Supervisor's Name _____	May We Contact: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, why not? _____	
Wages: Start _____ Final _____	Reason for Leaving _____	

Please explain fully all gaps in your employment history in excess of one month: _____

Have you ever been terminated or asked to resign from any job? Yes No

If yes, please explain: _____

Have you ever plead guilty or no contest to, or been convicted of any criminal offense? Yes No

Have you ever been arrested for any matters for which you currently are out on bail or on your own Recognizance pending trial? Yes No

If you answered 'Yes' to either of the above two questions, please provide the date(s) and explain in accordance with the above instructions so that individual circumstances can be considered. _____

Criminal convictions or arrests will not automatically disqualify an applicant from a particular job. Nolan's on the Lake will consider the nature of the crime, its seriousness, the substantial relation to the position's functions and qualifications, the number of occurrences, the applicant's age at the time of the crime, the time elapsed since the crime, the applicant's entire work and educational history, employment references and recommendations, and the business necessity of any exclusion when required by law.

EDUCATION	School Name & Location	Course of Study	Did you Graduate?	Years Completed	Degree/ Major
High School					
College					
Graduate/ Professional					
Trade or Correspondence					

If yes, please explain: _____

REFERENCES

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer related references.

NAME	Position	Company	Work Relationship	Telephone

Please list the names of personal references (not previous employer or relatives) who know you well that we may contact.

NAME	Position	Company	Work Relationship	Telephone

APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that Nolan's on the Lake may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If Nolan's on the Lake has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to Nolan's on the Lake's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with Nolan's on the Lake's policies and applicable federal, state and local law.

If employed by Nolan's on the Lake, I understand and agree that Nolan's on the Lake, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

I certify that all the information on the application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

NOLAN'S ON THE LAKE IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THE APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT - EXPRESS OR IMPLIED - WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT/OWNER OF THE COMPANY.

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF NOLAN'S ON THE LAKE, AND I UNDERSTAND THAT NOLAN'S ON THE LAKE HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OR EMPLOYMENT AT-WILL.

I authorize Nolan's on the Lake or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization form for the background investigation.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to Nolan's on the Lake or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability Nolan's on the Lake and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

If hired by Nolan's on the Lake, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by Nolan's on the Lake. I also understand Nolan's on the Lake employs only individuals who are legally eligible to work in the United States.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

Applicant Signature _____

Date _____

If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgment by the applicant and the parent or legal guardian that Nolan's on the Lake, to the extent permitted by federal, state, and local law, can test the applicant for illegal controlled substances, conduct inspections of property without notice, and communicate test results to Nolan's on the Lake personnel who need to know, the applicant, and the applicant's legal guardian.

Parent/ Legal Guardian

Date