

APPLICATION FOR EMPLOYMENT

To Applicant: We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading. **Please answer ALL questions. Please print clearly, in ink.**

Name in Full: _____ Date: _____
(Last) (First) (Middle)

Address: _____
(No., Street) (City/Town) (State) (Zip Code)

E-Mail Address: _____ Social Security No.: _____

Primary Telephone No.: _____ Secondary Telephone No.: _____

Are you at least 18 years of age? Yes No. If no, what is your date of birth? _____

Position(s) applying for: _____ Rate of pay expected: \$ _____ per hour.

Will you work: Full time Part time. Days available: Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Number of Hours per week: _____ Times/Shift Available: _____

If your application is considered favorably, on what date will you be available for work? _____

What prompted you to apply here for employment? _____

Were you previously employed by us? Yes No. If yes, when? _____ Position? _____

Do you have any relatives working for us? Yes No. If yes, Names: _____

Do you have any friends working for us? Yes No. If yes, Names: _____

Please list any experiences, skills or qualifications that you feel would especially fit you for work with our organization: _____

Do you possess a valid New York State Driver's License? Yes No.

Date of your last physical examination: _____ Family physician: _____
(month/year)

(Turn to next page)

STATE AND FEDERAL LAWS PROHIBIT DISCRIMINATION ON THE BASIS OF RACE, COLOR, MARITAL STATUS, CREED, SEX, NATIONAL ORIGIN, SPONSOR, DISABILITY, HANDICAP, AGE, VETERAN STATUS, OR SEXUAL PREFERENCE.

EMPLOYMENT RECORD

List all present and past positions, beginning with the most recent.

1) Employer: _____ Phone: (____) _____
Street Address: _____ City: _____ State: _____ Zip: _____
Title/Position Held: _____ Supervisor/Title: _____
Dates of Employment: _____ to _____ Last Hourly Pay Rate: \$ _____
Reason for Leaving: _____
Summary of Responsibilities: _____

2) Employer: _____ Phone: (____) _____
Street Address: _____ City: _____ State: _____ Zip: _____
Title/Position Held: _____ Supervisor/Title: _____
Dates of Employment: _____ to _____ Last Hourly Pay Rate: \$ _____
Reason for Leaving: _____
Summary of Responsibilities: _____

3) Employer: _____ Phone: (____) _____
Street Address: _____ City: _____ State: _____ Zip: _____
Title/Position Held: _____ Supervisor/Title: _____
Dates of Employment: _____ to _____ Last Hourly Pay Rate: \$ _____
Reason for Leaving: _____
Summary of Responsibilities: _____

4) Employer: _____ Phone: (____) _____
Street Address: _____ City: _____ State: _____ Zip: _____
Title/Position Held: _____ Supervisor/Title: _____
Dates of Employment: _____ to _____ Last Hourly Pay Rate: \$ _____
Reason for Leaving: _____
Summary of Responsibilities: _____

5) Employer: _____ Phone: (____) _____
Street Address: _____ City: _____ State: _____ Zip: _____
Title/Position Held: _____ Supervisor/Title: _____
Dates of Employment: _____ to _____ Last Hourly Pay Rate: \$ _____
Reason for Leaving: _____
Summary of Responsibilities: _____

6) Employer: _____ Phone: (____) _____
Street Address: _____ City: _____ State: _____ Zip: _____
Title/Position Held: _____ Supervisor/Title: _____
Dates of Employment: _____ to _____ Last Hourly Pay Rate: \$ _____
Reason for Leaving: _____
Summary of Responsibilities: _____

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1. May we contact all employers listed on the previous page? Yes No.
If not, indicate by number which ones you do not want us to contact:_____.
 2. Is additional information, relative to a change of name, necessary to enable a check on your work record? Yes No.
If yes, please explain:_____
 3. Have you ever collected unemployment insurance benefits? Yes No. If yes, when?_____ For how long?_____
 4. Have you ever been convicted of any felony, misdemeanor, or other offense? Yes No. If yes, this does not automatically disqualify you for employment. Please provide details:_____
 5. Have you ever been convicted of resident/patient abuse? Yes No. If yes, please provide details:_____
 6. Have you ever worked/been licensed in another state? Yes No. If yes, which state(s):_____
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SCHOOL RECORD

High School Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____	Course of Study: _____ Number of years attended: _____ Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No.
College Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____	Course of Study: _____ Number of years attended: _____ Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No.
Trade or Other School Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____	Course of Study: _____ Number of years attended: _____ Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No.

If you possess specialized training, please explain in full: _____

Nurses, CNA's and Technicians - Registration Number: _____ Expiration Date: _____ State: _____

PERSONAL REFERENCES (Do not include relatives or former employers)

- 1) Name: _____ Phone: (____) _____ Occupation: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
- 2) Name: _____ Phone: (____) _____ Occupation: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
- 3) Name: _____ Phone: (____) _____ Occupation: _____
 Street Address: _____ City: _____ State: _____ Zip: _____

The facts set forth in my application are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. Schofield Residence is hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice. I authorize the representatives of Schofield Residence to contact my present and former employers and all personal references listed. I understand that I must pass a physical examination and provide sufficient proof under the Immigration Reform Act that I am eligible for employment. I recognize and agree that I am not being employed for any set period of time; I can terminate my employment at any time and Schofield Residence reserves the right to do the same.

Applicant Signature: _____ **Date:** _____
