



How did you hear about us? _____ Date: _____

Application for Employment

(Please Print)

Personal

Name: _____
Street: _____
City: _____ Home Phone: _____
State: _____ Zip Code: _____ Cell Phone: _____

General Information

Position(s) Applying for: _____ Date Available: _____

Available to work: Full-Time Part-Time Substitute

List any days/hours you are available to work: _____

Rate of pay desired: _____ Are you employed now? YES NO

How did you hear about this position? _____

Have you worked for *Generations* before? YES NO

If YES, dates: _____

Have you ever applied at *Generations* before? YES NO

If YES, dates: _____

Do you have relatives working for *Generations*? YES NO

If YES, names: _____

Do you have a valid, clean New York State Driver's License? YES NO

Have you ever been convicted of a misdemeanor or felony in any jurisdiction? YES NO

If YES, explain: _____

Are you at least 18 years of age? YES NO

Are you legally authorized to work in the United States? YES NO

Proof of identity and employment eligibility will be required upon employment.

Education:	Name & Location	Degree/Major
High School:	_____	_____
College:	_____	_____
	_____	_____

Describe any specialized training, apprenticeship, skills and extra-curricular activities that are relevant to your ability to perform the job. _____

Employment History (Begin With Current of Last Job)

1.) Employer _____ Dates Employed: From _____ To _____

Address _____

Job Title _____ Job Duties _____

Immediate Supervisor Name _____ Phone _____

Reason for Leaving _____ Rate of Pay _____

2.) Employer _____ Dates Employed: From _____ To _____

Address _____

Job Title _____ Job Duties _____

Immediate Supervisor Name _____ Phone _____

Reason for Leaving _____ Rate of Pay _____

3.) Employer _____ Dates Employed: From _____ To _____

Address _____

Job Title _____ Job Duties _____

Immediate Supervisor Name _____ Phone _____

Reason for Leaving _____ Rate of Pay _____

Are there reasons we should *not* contact your prior employers for verification of employment? ____

If YES, explain: _____

Personal References (List only persons we may contact, other than relatives. Be sure to include current, day time phone numbers.)

Name	Address	Relationship/years known	Daytime Phone
1.) _____	_____	_____	_____
2.) _____	_____	_____	_____
3.) _____	_____	_____	_____

Applicant, Read and Sign Below:

I authorize investigation of all statements contained herein. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I certify that the facts contained in this application are true and complete to the best of my knowledge and understanding that, if employed; falsified statement on this application shall be grounds for dismissal. I understand and agree that, if hired, my employment is for no definite period of time or specific type of work and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

Applicant Signature: _____ **Date:** _____



NOTICE REGARDING BACKGROUND INVESTIGATION

IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT

Generations Child and Elder Care, is committed to providing a safe and nurturing work environment for employees, children and seniors. Generations is required by the State and the Office of Children and Family Services (OCFS) to obtain background information on all employees which may include but not limited to misdemeanor or felony charges, a medical condition statement, verification of licenses, address history verification, and personal/professional references. Employment at Generations Child and Elder Care is contingent upon successful completion of these requirements.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the Notice of Background Investigation. I hereby authorize the obtaining of “background information” at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer or insurance company to furnish any and all background information requested by Generations Child and Elder Care or any reporting agency acting on behalf of the employer. I also agree that a facsimile (“fax”) or photographic copy of this Authorization shall be as valid as the original.

Printed Name: _____

Social Security Number: _____

Signature: _____

Date: _____