

Women's Christian Association Adult Home
134 Temple Street
Fredonia, NY 14063
(716) 672-7961 or fax (716) 672-3496

APPLICATION FOR EMPLOYMENT

(Please Print)

Position applied for _____ Date of Application _____

Referral Source _____

Name: _____
Last First Middle

Address _____
Street City State Zip code

Phone Number _____ SS# _____

If necessary, best time to call you at home is _____

May we contact you at work? _____ If yes, work number and best time to call

Have you filed an application here before? ___ If yes, give date _____

Have you been employed by us previously? ___ If yes, give dates _____

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? _____ (Proof of citizenship/immigration status and identification will be required upon employment).

If you are under 18 years of age, can you provide required proof of your eligibility to work? _____

Are you currently on "lay-off" status and subject to recall? _____

Date available for work _____ Type of employment desired _____
(Full or part time)

Shift desired: Days _____ Evenings _____ Night _____

Are you able to meet the attendance requirements of the position? _____

Will you work overtime if required? _____ Have you ever been bonded? _____

Have you been convicted of a felony in the last seven years? _____
 (Conviction will not necessarily disqualify an applicant from employment).

How do you plan to get to work? _____

Do you have a First Aid and/or CPR card? _____
 If yes, date they expired _____

EMPLOYMENT EXPERIENCE (List below last 3 employers beginning with present employer)

| Date Month and Year | Name and address Of employer | Salary | Position | Reason for Leaving |
|---------------------|------------------------------|--------|----------|--------------------|
| From | | | | |
| To | | | | |
| From | | | | |
| To | | | | |
| From | | | | |
| To | | | | |

EDUCATION

| | Name and Location of School | No. of years attended | Did you Graduate? | Subjects Studied |
|------------------------------------|-----------------------------|-----------------------|-------------------|------------------|
| Grammar School | | | | |
| High School | | | | |
| College | | | | |
| Trade, business or other education | | | | |

Please summarize job-related skills and qualifications; special training, licenses and certificates, also characteristics that may qualify you as being able to perform functions related to this job. _____

REFERENCES

| Name of reference | Address or Phone Number | Relationship | Years Acquainted |
|-------------------|-------------------------|--------------|------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

HEALTH HISTORY

Physician's name _____ Phone Number _____

Last physical exam _____ Last TB test _____

List any major illnesses/operation _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Interviewed by _____ Date _____

Hired: Yes ___ No ___ Date to start _____

Position _____ Salary _____

Comments _____