

BETHESDA HOUSE OF SCHENECTADY, INC.

Employment Application

Bethesda House of Schenectady is an Equal Opportunity Employer. Federal and State Law prohibit discrimination in employment practices because of race, color, creed, religion, age, sex, national origin, disability, marital status, criminal record. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for employment because of his/her race, color, creed, religion, age, sex, national origin, disability, marital status, or conviction record.

This employment application must be completed and signed personally by the applicant. Each question must be answered in full. If the answer to a question is "No," or "None," so indicate. **Attach a copy of your most current resume.**

Please type, print or write legibly

Name: _____

Address: _____ City/State _____ Zip _____

SS# _____ Telephone # _____

Are you at least 18 years of age and legally eligible for work in the United States? Yes No

Position Desired: _____

Available for (*circle*) Full Time Part Time Per Diem Summer Internship

Date Available for Work: _____ Wages/Salary Requesting: _____

Are you restricted to any hours that you can work? Yes No If yes please list _____

Were you previously employed by Bethesda House? If so, describe circumstances: _____

Where did you learn about Bethesda House?

Newspaper (*name*) _____

Friend/Relative (*name*) _____

Employment Agency (*name*) _____

Other (*Explain*) _____

Please indicate any preferences, skills or qualification that would especially fit you for this position:

If there are any job duties that you cannot perform because of a physical, mental or medical disability, please describe: _____

Have you ever been convicted of a crime (*excluding traffic violations*)? _____

If yes, please explain: _____

U.S. Military Experience (*if applicable*): _____

EMPLOYMENT HISTORY

Are you presently Employed (*circle*)? Yes No

Present Employer: _____ Employed (*date*) _____

Address: _____

Position: _____ Salary: _____

Reason for desiring to change: _____

May we refer to your present employer (*circle*) Yes No

Person to contact: _____ Phone #: _____

Previous positions held (*list last 3 positions, giving last position first*):

Employer/Address: _____

Name employed under (*if different*) _____

Dates of employment (*month/year to month/year*): _____

Final Salary: _____ Reason for Leaving: _____

May we request a reference from this former employer (*circle*): Yes No

If yes, person to contact/phone #: _____

Employer/Address: _____

Name employed under (*if different*) _____

Dates of employment (*month/year to month/year*): _____

Final Salary: _____ Reason for Leaving: _____

May we request a reference from this former employer (*circle*): Yes No

If yes, person to contact/phone #: _____

Employer/Address: _____

Name employed under (*if different*) _____

Dates of employment (*month/year to month/year*): _____

Final Salary: _____ Reason for Leaving: _____

May we request a reference from this former employer (*circle*): Yes No

If yes, person to contact/phone #: _____

List additional work experience and/or skills: _____

EDUCATION

Do you have a high school equivalency diploma (*circle*)? Yes No

List schools attended, address and degree or diploma received:

Elementary: _____

High School: _____

College: _____

Technical or Business School: _____

Grad School or Additional Training: _____

Professional honors received, works published, or other professional accomplishments:

Membership in organizations you consider relevant to the job which you are applying:

PROFESSIONALS REQUIRING LICENSES

If a license, certificate or other authorization to practice a trade of profession is required for the position for which you are applying, complete the following:

Profession or Trade: _____

Licensing Agency: _____

Are you currently licensed or registered in New York State (*circle*)? Yes No

Number: _____ Date issued: _____ Exp. Date: _____

If not, have you applied (*circle*)? Yes No Date State Board Taken: _____

Home State: _____ In what other state are you licensed/registered? _____

License(s) or Certificate(s) for which you are eligible: _____

REFERENCES:

Please list three professional references, not relatives or personal. Professional references include current and/or previous employers/supervisors.

| <u>Name</u> | <u>Phone</u> | <u>Occupation</u> | <u>Years Known</u> |
|-------------|--------------|-------------------|------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

EMPLOYMENT AGREEMENT

I hereby certify that my answers in this application are true and correct. I grant Bethesda House of Schenectady; Inc. permission to investigate and verify any and all information provided by me and releases Bethesda House of Schenectady, Inc. and all persons who respond to its inquiries from any and all liability resulting from such investigation. I understand that I may be discharged or refused employment if any statement in this application is false.

I understand that if I am employed by Bethesda House of Schenectady, Inc., I may be required to work rotating shifts or change my regular shift (if applicable) upon reasonable request at any time when deemed necessary.

I understand that my employment is dependent upon satisfactory references, attendance at employee orientation and satisfactory completion of the probationary period.

I also consent to any and all job related medical examinations required by Bethesda House of Schenectady, Inc. and understand that if I am employed, I will be on a probationary basis for a minimum of ninety (90) days from date of employment. Should I be employed by Bethesda House of Schenectady, Inc., I agree to abide by the policies, procedures and rules of the Personnel Handbook and/or other agreements, policies, and procedures which may be in effect. **I ALSO UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE AT-WILL, MEANING THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANYTIME AND FOR ANY OR NO REASON.** Upon my termination, I will authorize the release of reference information on my work.

Signature: _____ Date: _____

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For Human Resource Department Use:

Application received by: _____ Date: _____

Interview? Yes No Date of Interview: _____

Comments: _____

