

**EMPLOYMENT APPLICATION**

**DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_POSITION APLLYING FOR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **NAME:** | **PHONE:** |
| **STREET ADDRESS:** | **CITY:** |
| **How long have you lived at above address?** | **e-mail address:** |
| **Referred By:** | **Are you a past employee? (please circle) yes / no**  **If yes, please give dates:** |
| **Ever applied to this company before? (Please circle) yes / no**  **If yes, please give date:** | **Are you presently employed? (please circle) yes / no**  **If so, may we contact your present employer? (please circle) yes / no**  **If no, why?** |

Are you over the age of 18? (Please circle) Yes / No

If you are under 18, can you furnish a work permit?\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a felony? (Please circle) Yes / No

You may be required to submit your fingerprints for an FBI check. Do you have any concerns you’d like to discuss regarding this process? (Please circle) Yes / No

What is the minimum hourly wage that you would consider in order to meet your financial obligations?\_\_\_\_\_\_\_\_\_

Date you are available to report to work?\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there a specific day or time of day that you are unavailable to work?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have reliable transportation if the position requires you to drive?\_\_\_\_\_\_\_\_\_\_\_

Do you have a VALID driver’s license?\_\_\_\_\_\_\_\_\_\_\_

Why are you interested in working for Robynwood?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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EDUCATION: Please list any applicable education or training you have received.

|  |  |  |
| --- | --- | --- |
| **Name & Location of School** | **Years Attended** | **Did you Graduate** |
| **Grammar School** |  |  |
| **High School** |  |  |
| **College** |  |  |
| **Trade School** |  |  |

**If you do not have a High School Diploma, do you have a G.E.D.?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Certifications or Licensures:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type** | **Issuing Agency** | **Date Issued** | **Date Expired** | **License #** |
| **R.N.** |  |  |  |  |
| **L.P.N.** |  |  |  |  |
| **P.C.A.** |  |  |  |  |
| **H.H.A** |  |  |  |  |
| **C.N.A.** |  |  |  |  |

Have you attended any recent trainings, In Services or continuing education programs in the past year?\_\_\_\_\_\_\_\_\_

**Please list and attach copies if possible.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Do you hold a current First Aide Certification? Yes / No Expiration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you hold a current CPR Certification? Yes / No Expiration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list your Employment History

Begin with the most recent employer.

Please indicate as to whether or not we may contact the employer for work verification.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Start Date** | **Date of Termination** | **Employer Name, address, phone or email** | **Reason for leaving** | **Wage at time of termination** | **May we contact this employer for work verification** |
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Do you know anyone that currently works for Robynwood?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What skills, talents or experiences do you have that may assist you in caring for the elderly?

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Authorization:

“I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am applying for a position of employment with Robynwood Home for Adults and Licensed Home Care Agency at 43 Walnut Street Oneonta NY 13820.

*I authorize any former employer to release any records of employment that may be relevant to my employment at Robynwood. This includes but is not limited to performance evaluations, attendance records, and any termination reports. I hold harmless any individual, corporation, firm, or educational institution from any liability for proving this information to Robynwood pursuant to this authorization. I understand that any records furnished following this authorization will be used by Robynwood soley for the evaluation of my qualifications for employment. I have executed this authorization voluntarily.*

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed on the attached forms to give you any information concerning my previous employment. Along with any pertinent information they may have, personal or otherwise and release the company from any liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of Robynwood has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Applicants Signature Date