

FAMILY AND CHILD SERVICE OF SCHENECTADY, INC.

Application for Employment

Administrative Office
246 Union St.
Schenectady, NY 12305
(518) 393-1369

Homemaker Program
1007 Maryland Ave.
Schenectady, NY 12308
(518) 355-3446

Family Support Services
1007 Maryland Ave.
Schenectady, NY 12308
(518) 372-2814

Medicaid Service Coordination
1007 Maryland Ave.
Schenectady, NY 12308
(518) 612-7523

Name: _____ Date: _____

Address: _____
Street
City
State
Zip

Primary Phone #: _____ Alternative Phone #: _____

Email Address: _____

Position Desired: _____

Are you over the age of 18? Yes No

EDUCATION

School	Name and Address of School	Last Year Completed	Did You Graduate	List Diploma/Degree
High School				
College				
Other				

REFERENCES

Please give three work related references

1. Name: _____ Phone: _____

Address: _____

2. Name: _____ Phone: _____

Address: _____

3. Name: _____ Phone: _____

Address: _____

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodations? Yes No

If no, describe the functions that cannot be performed. _____

Are you legally eligible for employment in this country? Yes No

Do you have an automobile? Yes No

If yes, be sure to complete the attached Employment Requiring Driving Addendum.

Have you ever been convicted of a crime? Yes No

If yes, set forth the nature and date of the conviction and date of releases (include all misdemeanor and felony convictions. Use a separate sheet if necessary): _____

EMPLOYMENT HISTORY

List all past employment beginning with most recent. (Must be filled out even if a resume is enclosed). Please use separate sheet if necessary.

Company Name:	Telephone: ()
Address:	Employed – (state month and year):
Name of Supervisor:	Weekly Pay: Start: End:
Job Title and Description:	Reason for leaving:

Company Name:	Telephone: ()
Address:	Employed – (state month and year):
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Company Name:	Telephone: ()
Address:	Employed – (state month and year):
Name of Supervisor:	Weekly Pay: Start: End:
Job Title and Description:	Reason for leaving:

**Please review your application and make sure that you have filled out all sections.
Please check to make sure you have signed and dated wherever needed.**

PLEASE READ AND UNDERSTAND THIS STATEMENT BEFORE SIGNING YOUR APPLICATION:

The information I have provided above is true, correct and complete. Incomplete or false information may be cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I understand that employment is contingent upon a motor vehicle and criminal background investigation.

I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me a prior notice of such disclosure. In addition, I release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such examination or revelation.

I understand that this application is not an employment agreement. If I accept an offer of employment, I understand I may resign at any time and Family and Child Service of Schenectady, Inc. may terminate my employment at any time, with or without cause, and without prior notice for any legal reason.

I fully understand and accept all terms and conditions in the above statement.

Signature of Applicant: _____ Date: _____

THIS SHEET INTENTIONALLY LEFT BLANK

FAMILY AND CHILD SERVICE OF SCHENECTADY, INC.
Employment Application Addendum

EMPLOYMENT AVAILABILITY

Days of the week available:	Hours Available			
_____ Monday	From _____ am	pm	To ___ am	pm
_____ Tuesday	From _____ am	pm	To ___ am	pm
_____ Wednesday	From _____ am	pm	To ___ am	pm
_____ Thursday	From _____ am	pm	To ___ am	pm
_____ Friday	From _____ am	pm	To ___ am	pm
_____ Saturday	From _____ am	pm	To ___ am	pm
_____ Sunday	From _____ am	pm	To ___ am	pm

What is the maximum hours you would like to work each week? _____

Please note: You may be offered employment based partly on your availability. Changes to your availability may result in our inability to schedule you with an individual or client.

DRIVER LICENSES

Have you ever been denied, or had revoked or suspended, any license, permit, or privilege to operate a motor vehicle? Yes No

If you answered YES to the above question, give details.

List all licenses held in the past three (3) years and indicate those that are current.

State	License Number	Class	Endorsements(s)	Expiration

VEHICLE ASSIGNMENT AGREEMENT

The undersigned is hereby authorized to drive his/her own vehicle in the course of working for the Agency. This authorization can be rescinded at any time if deemed appropriate by management.

The undersigned agrees to:

- Operate the vehicle in a safe manner.
- Wear a seat belt whenever the vehicle is in motion.
- Be responsible for all traffic and parking violations that occur while driving on Agency business.
- Promptly report all accidents or incidents resulting in injury or damage or violations
- Maintain a valid driver's license.
- Maintain auto insurance
- Provide a copy of his/her Motor Vehicle Record upon request.
- Maintain a current/valid registration for your vehicle.

I have read and agree to the provisions of this Vehicle Assignment Agreement.

Signature

Date