



Supportive Care of Orleans

COMPASSION • COMMUNITY • HOSPICE

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE _____

NAME (LAST, FIRST)		DATE OF BIRTH	SOCIAL SECURITY NO	
ADDRESS		CITY	STATE	ZIP CODE
HOME PHONE NO. ()	MOBILE PHONE NO. ()	HOME EMAIL ADDRESS		
REFERRED BY:				

EMPLOYMENT DESIRED

POSITION	DATE AVAILABLE TO START	SALARY DESIRED	
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?	

AVAILABILITY

ARE YOU AVAILABLE TO WORK:			
WEEKENDS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	ON CALL?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HOLIDAYS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NIGHTS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
EVENINGS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	UNSCHEDULED OVERTIME?	<input type="checkbox"/> YES <input type="checkbox"/> NO

EDUCATION HISTORY

	NAME AND LOCATION	MAJOR SUBJECTS	DID YOU GRADUATE?	DEGREE
High School				
College				
Other (Specify)				

PROFESSIONAL LICENSES/CERTIFICATION

TYPE	ORGANIZATION OF STATE ISSUED	DATE ISSUED	NUMBER

GENERAL INFORMATION

PROFESSIONAL ORGANIZATION MEMBERSHIP, VOLUNTEER, COMMUNITY SERVICE, OR OTHER QUALIFICATIONS RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING:

AREAS OF SPECIALIZATION OR MAJOR INTEREST:

EMPLOYMENT HISTORY

DATE MONTH AND YEAR	NAME, PHONE NUMBER & CITY OF EMPLOYER	POSITION	REASON FOR LEAVING
FROM:			
TO:			
FROM:			
TO:			
FROM:			
TO:			
FROM:			
TO:			

REFERENCES (Please provide 3) Provide complete address and/or email

NAME	TITLE/RELATIONSHIP	COMPANY NAME AND ADDRESS, EMAIL	TELEPHONE

Do you possess a current NY driver's license? YES NO

EXCLUDING TRAFFIC INFRACTIONS, have you ever been charged and/or convicted of any violation of the law in any jurisdiction? YES NO

If yes, please provide the following details:

Date of offense: _____

Charges: _____

Class of offense: FELONY MISDEMEANOR VIOLATION

Disposition of charge(s): _____

Jurisdiction of offense: _____

APPLICANT CERTIFICATION:

I certify that the answers given on this employment application are true and complete to the best of my knowledge. I understand that misrepresentation of any material fact may be cause for rejection of my application and/or termination of my volunteer status.

I also understand that, if hired as a Supportive Care of Orleans employee, I am required to abide by all policies, procedures, rules, and regulations of the agency.

Applicant Signature

Date