

APPLICATION FOR EMPLOYMENT

AIM SERVICES, INC.
3257 Route 9
Saratoga Springs, NY 12866
www.Aimservicesinc.org

Applicants are considered for all positions (and treated during any subsequent employment), without regard to race, color, religion, sex, national origin, age disability or any other prohibited basis of discrimination, as provided under applicable state and federal law.

(PLEASE PRINT)

Date of Application _____

Position(s) Applied For _____

Referral Source: ___ Advertisement ___ Friend ___ Relative ___ Employment Agency ___ Walk In
Other: _____

Name _____

LAST FIRST MIDDLE

Address _____

NUMBER STREET CITY STATE ZIP CODE

Telephone _____ Social Security Number _____

If employed and you are under 18, can you furnish a work permit? ___ Yes ___ No

Have you filed an application here before? ___ Yes ___ No If Yes, give date _____

Have you ever been employed here before? ___ Yes ___ No If Yes, give dates _____

Are you employed now? ___ Yes ___ No

May we contact your present employer? ___ Yes ___ No

(This may be required prior to any employment offer)

Are you prevented from lawfully becoming employed by this country? ___ Yes ___ No

(Proof of citizenship or immigration status will be required upon employment)

On what date would you be available for work? _____

Are you available to work ___ Full Time ___ Part Time ___ Per Diem ___ Temporary

Can you travel if job requires it? ___ Yes ___ No

Have you EVER been convicted of a misdemeanor or felony in any jurisdiction? ___ Yes ___ No

If yes, describe in detail: _____

Are there any pending criminal charges, against you? ___ Yes ___ No

If yes, describe in detail: _____

Have you had a personal or employment related conviction or prior history of child abuse, neglect or mistreatment,? ___ Yes ___ No

If yes, describe in detail: _____

Have you EVER been convicted of a motor vehicle moving violation including but not limited to alcohol and drug related offences, or had any suspension, revocation, or occurrence (accidents) involving harm to human beings or property while driving? (Include dates of occurrences) ___ Yes ___ No

If yes, please explain: _____

“Please be advised that you may need to provide information, statements and fingerprints according to the requirements of the Agency, and OMRDD in order for a background check to be conducted through DCJS. If applicable, you will have the right to obtain, review and seek correction of any information received in response to the criminal background check conducted by DCJS.”

EMPLOYMENT EXPERIENCE

Start with your most recent job. Include military service assignments and position related volunteer activities.

1.

<u>Employer</u>	<u>Job Title</u>	<u>Phone Number</u> () -	<u>Employment Dates</u> From To
Address	Supervisor	<u>Hourly Rate/Salary</u> Start End	<u>Work Performed</u>

REASON FOR LEAVING:

2.

<u>Employer</u>	<u>Job Title</u>	<u>Phone Number</u> () -	<u>Employment Dates</u> From To
Address	Supervisor	<u>Hourly Rate/Salary</u> Start End	<u>Work Performed</u>

REASON FOR LEAVING:

3.

<u>Employer</u>	<u>Job Title</u>	<u>Phone Number</u> () -	<u>Employment Dates</u> From To
Address	Supervisor	<u>Hourly Rate/Salary</u> Start End	<u>Work Performed</u>

REASON FOR LEAVING:

4.

<u>Employer</u>	<u>Job Title</u>	<u>Phone Number</u> () -	<u>Employment Dates</u> From To
Address	Supervisor	<u>Hourly Rate/Salary</u> Start End	<u>Work Performed</u>

REASON FOR LEAVING:

If you need additional space, please continue on a separate sheet of paper

OTHER RELATED HISTORY: Please list below the name address phone number and dates of any prior or current experience as an employee, volunteer or provider with the New York State Office of Mental Retardation and Developmental Disabilities (“OMRDD”), any other state agency or any other human services provider. Also list any prior or current experience you have in work relevant to the position for which you are applying, including child caring experience. Employment listed above under Employment History need not be repeated.

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Dates</u>	<u>Position/Duties</u>

Please list any other special skills or completed training/courses which might aid in the performance of duties of the position for which this application is being made. Also include any relevant professional license held: _____

EDUCATION

	School Name	School Address	Circle	Diploma/Degree
			Years Completed	Course of Study
Elementary			4 5 6 7 8	
High School			9 10 11 12	
College/University			1 2 3 4	
Graduate/Professional			1 2 3 4	

PERSONAL REFERENCES

Please list three (3) Personal References who are not related to you, and who are not previous employers.

Name:	Address:	Phone No.
Name:	Address:	Phone No.
Name:	Address:	Phone No.

APPLICANT’S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. The company may investigate all statements contained in this application. In the event of employment, I understand that false or misleading information given in my application or interview(s) is grounds for and may result in immediate discharge regardless of when discovered.

The applicant understands that neither this document nor any offer of employment from the employer constitutes an employment contract.

I understand, also, that I am required to abide by all rules, policies and procedures, and regulations of the employer, and that any employment offer may be contingent on acceptable references, physicals, testing, and criminal background checks.

Signature of Applicant _____ Date: _____

We are an Equal Opportunity Employer and have strict policies regarding discrimination in the application and course of employment.