



101 South Street • Morrisville, NY 13408 • Phone 315-684-9595 • F a x 315-684-9275

# Application for Employment

Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Street City State Zip Code

How Long at Present Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
Street City State Zip Code

How Long at Previous Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Have you ever had a name change?  Yes  No If yes, please list \_\_\_\_\_

Are you over 18 and under 65? \_\_\_\_\_ U.S. Citizen  Yes  No

NOTE: Federal and State Human Rights laws prohibit discrimination in employment because of age, sex, national origin, race, color, creed, disability, marital status or handicap.

Have you ever been convicted of an unlawful offense (Excluding traffic violations)? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Did you serve in the U.S. Armed Forces?  Yes  No From \_\_\_\_\_ to \_\_\_\_\_

Branch of Service \_\_\_\_\_

In Case of Emergency, notify \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Have you submitted an application previously?  Yes  No

Have you ever worked for Crouse Community Center before?  Yes  No If so, when? \_\_\_\_\_

Are you presently employed?  Yes  No If so, reason for desiring change? \_\_\_\_\_

May we contact your present employer?  Yes  No

Starting salary or wages expected \_\_\_\_\_ Date available \_\_\_\_\_

Education					
Circle highest grade completed		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16+			
	Name of School	Location	Dates Attended		Diploma or Degree
			From	To	
Grammar					
High School					
College					
School of Nursing					
Technical or Business					
Other Skills					
Membership in Professional Organizations (List)					

**This Section to be Completed by Registered Professional and Licensed Practical Nurse Applicants Only**

Are you presently licensed to practice in New York State?  Yes  No      Expiration Date \_\_\_\_\_      Date of Last Renewal \_\_\_\_\_

Registration Number \_\_\_\_\_      Are you registered in another state  Yes  No

Name of State \_\_\_\_\_      Registration Number \_\_\_\_\_

If not licensed, please indicate permit status \_\_\_\_\_

**This section for Certified Nursing Assistants Only**

Are you currently registered in New York State  <input type="checkbox"/> Yes <input type="checkbox"/> No	Give Number	If not, Have you applied  <input type="checkbox"/> Yes <input type="checkbox"/> No	In what other states are you registered?
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**Personal References**

Give the names of three persons, NOT RELATIVES OR EMPLOYERS, who have known you for several years:

Name	Address	Occupation

### Previous Positions Held

List last 4 positions, last position listed first

Employer _____	Address _____
Position _____	Employed from _____ to _____
Salary _____	Reason for leaving _____
Person to be contacted for reference _____	Title _____
Employer _____	Address _____
Position _____	Employed from _____ to _____
Salary _____	Reason for leaving _____
Person to be contacted for reference _____	Title _____
Employer _____	Address _____
Position _____	Employed from _____ to _____
Salary _____	Reason for leaving _____
Person to be contacted for reference _____	Title _____
Employer _____	Address _____
Position _____	Employed from _____ to _____
Salary _____	Reason for leaving _____
Person to be contacted for reference _____	Title _____

List additional Work Experience \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Employment Agreement

I understand that any false statements made as a part of this application will be considered sufficient cause for dismissal. I grant permission for the authorities of the Crouse Community Center to investigate any and all information and release Crouse Community Center from any and all liability resulting from such investigation.

I understand that employment at Crouse Community Center means that at any time when deemed necessary, I may be required to work rotating shifts or change my regular shift (if applicable) upon reasonable request.

I consent to any and all job related medical examinations required by Crouse Community Center and understand that if I am employed I will be on the applicable probationary period from date of employment. Upon my termination, I authorize the release of reference information regarding my work.

\_\_\_\_\_ Applicant Signature