



Crisis Nursery of Greater Rochester

EMPLOYMENT APPLICATION

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or in the presence of a non-related medical condition or handicap.

Name _____ Date _____

Address _____ Phone # _____

City _____ State _____ Zip _____ Social Security # _____

Are you a citizen of the United States of America? Yes No

Have you applied here before? Yes No When? _____ Position applied for? _____

Start When _____ Full Time Part time

Availability: Put hours available under the day of the week indicate am/pm

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Employment History

Employer 1 _____

Address _____

Phone _____ Supervisor's Name _____

Job Title/Duties _____

Reason for Leaving _____

Dates of Employment From _____ To _____ Salary/Hourly Rate _____

Employer 2 _____

Address _____

Phone _____ Supervisor's Name _____

Job Title/Duties _____

Reason for Leaving _____

Dates of Employment From _____ To _____ Salary/Hourly

Rate _____

Employer 3 _____

Address _____

Phone _____ Supervisor's Name _____

Job Title/Duties _____

Reason for Leaving _____

Dates of Employment From _____ To _____ Salary/Hourly Rate _____

EDUCATION

Schools/Collages Attended: # Years Year Grad. Degree

Schools/Collages Attended:	# Years	Year Grad.	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe any special qualifications/ training for this job:

CPR? Yes No Expiration First Aid Yes No Expiration Child Abuse Training Yes Date taken:

Medicine Administration Trained? Yes No Where? Other Training _____

References: Please list **3 names, addresses, and phone numbers** of people (no relatives) who know you and can speak about your character, include someone in supervision or management if possible

Emergency Contact Information:

Name: _____ Address: _____

Relationship: _____ Phone _____ Alternate Phone _____

Driver's License Number _____ State _____ Expiration _____

Have you ever been convicted of a crime? No Yes, If yes, indicate

date _____, charge _____ jurisdiction _____

I authorize the investigation of all statements contained herein and authorize the references listed to give you any an all pertinent information they may have personal or otherwise and release all parties from all liability for any damage that may result from furnishing same to you.

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that the CNGR complies with NYS employee at will and this application is not intended to be a contract of employment. In the event of employment; I understand that if an employment opportunity is offered it is for no definite period and I may be terminated for unsatisfactory performance or repeated infraction of rules regulations and/or policies.

I understand that false or misleading information given on my application or interview may result in termination.

Signature _____ Date _____

Email address: _____

For Personnel Department only

Comments:

Interview Date _____

Hired: Yes No

Date: _____

Date Notified of vacancy status: _____