

SCHOOL'S OUT, INC.

APPLICATION FOR EMPLOYMENT

239 Delaware Avenue, Delmar, NY 12054

Phone: (518) 439-9300

Fax: (518) 439-0404

Web Site: schoolsoutinc.org

E-mail: soi@schoolsoutinc.org

All applicants are considered for all positions without regard to race, gender, religion, color national origin, military status, disability or any other basis protected by applicable federal, state or local law. .

(PLEASE PRINT)

Name _____ Date _____

Local Address _____
STREET ADDRESS OR RURAL ROUTE CITY OR TOWN ZIP CODE

Permanent Address _____
(If different from local) STREET ADDRESS OR RURAL ROUTE CITY OR TOWN ZIP CODE

Local Telephone Number _____ Social Security Number ____ - ____ - _____

Permanent Telephone Number *(If different from local)* _____

You must be at least 16 years of age to be eligible for employment with School's Out.

If hired, can you provide required proof and your eligibility to work? YES NO

How did you learn about SCHOOL'S OUT, INC? _____

Position applying for__ Administrative __ Site Manager __2nd in Charge __Activity Leader __Jr. Activity Leader

Have you ever filed an application with us before? YES NO If yes, give date _____

Have you ever been employed with us before? YES NO If yes, give dates _____

Do you have a valid CPR and/or First Aid certification. YES NO

If hired, can you submit verification of your legal right to work in the United States? YES NO

On what date would you be available for work? _____

Are you available to and from work: _____ Full-time _____ Part-time _____ Substitute

Do you have reliable transportation to the worksite? YES NO

If you are applying to work directly with children, are you available to work morning shifts from 7:15-9:15 AM?

Please check which days. ___ M-F ___ M, W, F ___ T, TH

If you are applying to work directly with children, are you available to work afternoon shifts from 3:00-6:00 PM?

Please check which days. ___ M-F ___ M, W, F ___ T, TH

Are you willing to provide proof of a negative TB test and a medical exam prior to employment? YES NO

Have you ever been convicted of a crime? YES NO

Arrest or conviction will not necessarily disqualify an applicant from employment.

If yes, please give details _____

Do you have any physical condition or handicap which may limit your ability to perform the job applied for?

YES NO

If yes, what can be done to accommodate your limitation? _____

Do you have a high school diploma or equivalency? YES NO Years Completed 1 2 3 4

Do you have a college degree? YES NO AAS ___ BA ___ BS ___ Years Completed 1 2 3 4

Do you have a graduate degree? YES NO MA ___ MS ___ Years Completed 5 6

Name of College and Course of Study _____

List formal education or training courses that you have completed, or for which you have received certification.

List professional, trade, business or civic activities and offices held that relate to the position for which you are applying. _____

Are you currently employed? YES NO May we contact your present employer? YES NO

List your three most recent positions. Please include phone numbers and supervisors' full names.

Employer:	Phone:
Address:	
Position Title:	Dates: To
Responsibilities:	
Reason for Leaving:	
Supervisor's Name:	Hourly Rate/Salary:

Employer:	Phone:
Address:	
Position Title:	Dates: To
Responsibilities:	
Reason for Leaving:	
Supervisor's Name:	Hourly Rate/Salary:

Employer:	Phone:
Address:	
Position Title:	Dates: To
Responsibilities:	
Reason for Leaving:	
Supervisor's Name:	Hourly Rate/Salary:

May SCHOOL'S OUT, INC. contact the employers listed as a reference? YES NO

Please summarize special job-related skills and qualifications acquired from education, employment, volunteering, or other experience that you could use at this job. *(If seeking to work with children, include any experiences in dance, foreign languages, music, art, and sports.)*

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

I hereby acknowledge that any employment relationship with this agency is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the agency.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

APPLICANT'S REFERENCES

As part of the application process, you need to supply three or more professional references to this organization. The individuals you choose should be school teachers, guidance counselors, principals, community leaders, former employers, co-workers, or supervisors. If you are seeking to work with children, please include parents to whom you have provided child care services. We advise not submitting names of individuals who are family members, next door neighbors or former classmates.

(PLEASE PRINT)

1. Name _____ Relationship _____

Address _____
STREET ADDRESS OR RURAL ROUTE CITY OR TOWN ZIP CODE

Home Phone _____ Work Phone _____

2. Name _____ Relationship _____

Address _____
STREET ADDRESS OR RURAL ROUTE CITY OR TOWN ZIP CODE

Home Phone _____ Work Phone _____

3. Name _____ Relationship _____

Address _____
STREET ADDRESS OR RURAL ROUTE CITY OR TOWN ZIP CODE

Home Phone _____ Work Phone _____

I give my permission for SCHOOL'S OUT, INC. to contact my listed references and to discuss my qualifications for employment.

Signature of Applicant

Date

OFFICE USE ONLY **APPLICATION RECEIVED BY:** _____ **DATE:** _____