

SCHOOL'S OUT, INC.

APPLICATION FOR EMPLOYMENT

239 Delaware Avenue, Delmar, NY 12054 Phone: (518) 439-9300 Fax: (518) 439-0404

Website: 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 _____ E-Mail Address _____

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

Local Telephone Number _____ Permanent Telephone Number: _____

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

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

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

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

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

Do you have reliable transportation to the worksite? YES NO

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.

On what date would you be available for work? _____

Are you available to work: Full-time Part-time Substitute

Position: Administrative Site Manager 2nd in Charge Activity Leader Jr. Activity Leader

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

Do you have a high school diploma or equivalency? YES NO Years Completed

Do you have a college degree? YES NO AAS BA BS MA MS Yrs Completed

Name of College and Course of Study _____

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

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

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 _____

E-Mail Address _____

2. Name _____ Relationship _____

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

Home Phone _____ Work Phone _____

E-Mail Address _____

3. Name _____ Relationship _____

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

Home Phone _____ Work Phone _____

E-Mail Address _____

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: _____
July-14