



and

WORKER APPLICATION and PROFILE

1. Full legal name: _____

2. Address: _____

3. City _____ State _____ Zip _____

4. Home Phone () _____ 5. Cell Phone () _____

6. E-mail address _____

7. Do you have a Valid NYS Driver's License? Yes No
ID# _____

8. Do you have available transportation? Yes No

9. Do you possess a high school diploma or GED? Yes No

10. Do you have CPR certification? Yes No

11. Do you have First Aid certification? Yes No

REFERENCES

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MISCELLANEOUS

a. Check when you are available: _____ day _____ evening _____ weekends

b. How many hours are you available a week: _____

c. When are available to start work? _____

d. Check the counties in which you are willing to work:

- | | | |
|-------------------|------------------|------------------|
| _____ Saratoga | _____ Hamilton | _____ Albany |
| _____ Schenectady | _____ Schoharie | _____ Rensselaer |
| _____ Fulton | _____ Warren | _____ Herkimer |
| _____ Montgomery | _____ Washington | _____ Oneida |

e. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States? Yes No
Under The Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

f. Have you ever been convicted* for any violation(s) of law, including moving traffic violations? Yes No If YES, please provide the following:

Description of offense:

Statute or ordinance (if known): _____ Date of charge: _____

Date of Conviction:

(For additional convictions use plain paper. Include all information listed above.)

*Convictions include New York juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching, or aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.

g. Ages you would prefer to work with. Please rank in order of 1st preference.)

Infants/toddlers School age Adolescents

Preferred Activities:

Please place a check next to any of the following activities that you are interested in.

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> Arts/Crafts | <input type="checkbox"/> Writing | <input type="checkbox"/> Computers |
| <input type="checkbox"/> Sports | <input type="checkbox"/> Music | <input type="checkbox"/> Cultural Events |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Hiking | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Physical Activity | <input type="checkbox"/> Drawing/Painting |
| <input type="checkbox"/> Board Games | <input type="checkbox"/> Magic | <input type="checkbox"/> Museums |

What type of personal or professional experience have you had in the direct care field? Please list any babysitting, volunteer work with children, Sunday School, etc.

CERTIFICATION --- Each application requires current date and original signature.

I hereby certify that all entries on both sides or pages and attachments are true and complete, and I agree that any falsification of information herein, regardless of time of discovery, may cause forfeiture of my part of any employment in the service of employer this application is completed for. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize the employer to rely upon and use, as it sees fit, any information received from such contacts. My signature below constitutes full acceptance of this application in its entirety and certifies that the information provided herein is true and correct to the best of my knowledge.

Date: _____ Applicant Signature: _____
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Please Send to:

Upstate Respite Services
PO Box 111
Ballston Spa, New York 12020