



APPLICATION FOR EMPLOYMENT

Date: _____

Battenkill Community Services, Inc. (BCS) receives applications and employs persons without regard to race, color, sex, religion, age, national origin, physical or mental disability, marital status, veterans' status, citizenship status or any other category protected by local, state or federal law. Additionally, BCS makes reasonable accommodation to the needs of disabled applicants and employees, so long as this does not create an undue hardship on BCS or threaten the health or safety of others. The receipt of this application does not mean that job openings exist and does not obligate us in any way.

PERSONAL INFORMATION

Social Security # XXX - XX - _____

Name: _____
Last First Middle (if applicable)

Address: _____
Street City/Town State Zip Code

Telephone: (_____) _____ - _____ Email Address: _____

Cell Phone: (_____) _____ - _____

If hired, can you provide written evidence that you are authorized to work in the U.S.? Yes No

Can you perform the essential functions of the job, with or without reasonable accommodation? Yes No

How Were You Referred To Our Organization? _____

EDUCATION

Type	Name/Location	Course of Study	# Years Completed	Degree/Diploma
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Technical or Other	_____	_____	_____	_____

TECHNOLOGY ASSESSMENT

Please rate your own skill level in the following areas	Highly Skilled	Adequate	Marginal
Desktop Computer Skills – Word Processing, internet, file management			
Smartphones – Apps, internet, notes			
Rate your skill level with the following operating systems:			
iOS: (Apple, I-phone, I-pad)			
Windows (7, 8, Mobile)			
Android			
Blackberry			

Battenkill Community Services, Inc.
 2549 State Rte. 40
 Greenwich, NY 12834

(518) 692-2819 – Phone

(518) 692-2385 – Fax

EMPLOYMENT HISTORY

Please list your employment record, including any period of unemployment, beginning with your most recent employer. Attach a resume only to supplement the information below. This application form must be completely filled out.

Employer Name	Phone () -	Dates		Job duties and work performed
		From	To	
Address				
Job Title		Rate of Pay		
Supervisor (Name/Title)		Start	End	
May we contact for reference? If not, why?				Reason for leaving

Employer Name	Phone () -	Dates		Job duties and work performed
		From	To	
Address				
Job Title		Rate of Pay		
Supervisor (Name/Title)		Start	End	
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Job Title		Rate of Pay		
Supervisor (Name/Title)		Start	End	
May we contact for reference? If not, why?				Reason for leaving

Is there any information we would need about your name, or use of another name, for us to be able to check your work record? Yes No If yes, please specify: _____

Please list any additional information that relates to your ability to perform the job for which you have applied such as licenses, professional memberships, hobbies, interests, etc.

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REFERENCES

List business or educational references of three non-relatives who are qualified to evaluate your education or work experience.

Name:	Address:	Position:	Telephone No.

MISCELLANEOUS

Have you ever been convicted of a felony? yes no

Are there any pending criminal charges against you? yes no

If yes, please explain: _____

AVAILABILITY

Type of Work Desired _____ Salary Desired _____

Type of employment desired: Full-Time Part-Time Temporary

If applying for part-time employment, please indicate the hours and days you are available to work:

Would you consider working: Weekends & Holidays Rotating Shifts On Call Any Shift

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operating officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

This employer is an equal opportunity employer and does not discriminate in employment. If you require an accommodation to complete this application please contact the employer directly.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Your Signature: _____ Date: _____

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