

EAST AURORA COMMUNITY NURSERY APPLICATION FOR EMPLOYMENT

This application for employment shall be considered active for a period of time not to exceed 45 days from the date of this application.

We consider applicants for all positions without regard to race, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other protected status under applicable law.

Position(s) Applied For	Date of Application
What are you looking for in terms of hourly wage / salary range?	
How did you learn about us?	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other	

Last Name	First Name	Middle Initial	
Address	City	State	Zip Code
Telephone Number(s)	Social Security Number		

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with East Aurora Community Nursery before? Yes No If Yes, when?

Have you ever been employed with us before? Yes No

Are you related to any employee of EACN? Yes No If Yes, who _____

Are you currently employed? Yes No

On what date would you be available for work? _____

Are you available to work: Full-Time Part-Time Temporary Substitute

Are you currently on lay-off status and subject to recall? Yes No

Have you been convicted of a crime (other than minor traffic offenses)? Yes No
(A conviction record will not necessarily be a bar from employment. Factors such as age and time of offense, seriousness and nature of the violation, and rehabilitation will be taken into account).
 If Yes, Please Explain:

*Employment pending results of
NYS OCFS fingerprinting & background investigation*

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	DATES	MINOR/MAJOR	GRADUATION DATE	DEGREE / DIPLOMA
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills, licenses or certifications.

List professional, trade, business or civic activities and offices held.
Do not include memberships which would reveal gender, race, religion, national origin, age ancestry, disability or other protected status:

Describe any specific computer skills and all software applications with which you are familiar and your level of proficiency.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

EMPLOYER #1	DATES EMPLOYED		WORK PERFORMED
	FROM	TO	
ADDRESS			
TELEPHONE NUMBER(S)	Full-time/ Part-time ?		
JOB TITLE			
SUPERVISOR			
REASON FOR LEAVING			
EMPLOYER #2	DATES EMPLOYED		WORK PERFORMED
	FROM	TO	
ADDRESS			
TELEPHONE NUMBER(S)	Full-time/ Part-time ?		
JOB TITLE			
SUPERVISOR			
REASON FOR LEAVING			

EMPLOYER #3	<u>DATES EMPLOYED</u>		WORK PERFORMED
	FROM	TO	
ADDRESS			
TELEPHONE NUMBER(S)	Full-time/ Part-time ?		
JOB TITLE			
SUPERVISOR			
REASON FOR LEAVING			
EMPLOYER #4	<u>DATES EMPLOYED</u>		WORK PERFORMED
	FROM	TO	
ADDRESS			
TELEPHONE NUMBER(S)	Full-time/ Part-time ?		
JOB TITLE			
SUPERVISOR			
REASON FOR LEAVING			
EMPLOYER #5	<u>DATES EMPLOYED</u>		WORK PERFORMED
	FROM	TO	
ADDRESS			
TELEPHONE NUMBER(S)	Full-time/ Part-time ?		
JOB TITLE			
SUPERVISOR			
REASON FOR LEAVING			

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EMPLOYER #6	<u>DATES EMPLOYED</u>		WORK PERFORMED
	FROM	TO	
ADDRESS			
TELEPHONE NUMBER(S)	Full-time/ Part-time ?		
JOB TITLE			
SUPERVISOR			
REASON FOR LEAVING			

PLEASE INDICATE BY NUMBER _____ ANY OF THE ABOVE EMPLOYERS YOU **DO NOT** WISH US TO CONTACT.

JOB REFERENCES:

Please list three **professional, business or educational references** that we can contact to verify your work experience, and work ethics.

NAME	HOW DO YOU KNOW THIS PERSON?	PHONE NUMBER

APPLICANT'S STATEMENT:

IT IS VERY IMPORTANT THAT YOU READ THIS SECTION CAREFULLY, AND THAT YOU FULLY UNDERSTAND IT BEFORE YOU SIGN IT. THIS SECTION AFFECTS YOUR LEGAL RIGHTS. IF YOU HAVE ANY QUESTIONS, PLEASE ASK BEFORE YOU SIGN THIS APPLICATION.

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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.

This application for employment shall be considered active for a period of time not to exceed 45 days. If I wish to be considered for employment beyond this time period, I should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time, with or without cause. It is further understood that 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 _____.

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.

Proof of citizenship or immigration status will be required upon employment .

Signature of Applicant

Date

X

CONSENT AND AUTHORIZATION TO RELEASE
EMPLOYMENT / EDUCATIONAL INFORMATION

I, _____, understand and agree that East Aurora Community Nursery, Inc., any agent acting on their behalf, as well as any other person responding to a reference request pursuant to this application, can and will seek and/or disclose any and all information which said corporation, agent or person may have. I specifically authorize said disclosure and agree to hold all corporations, agents or persons harmless for same. That is, I will not file a lawsuit, claim, or charge against them for such disclosure. Nor will I threaten same or otherwise seek any kind of compensation for such disclosure.

Signature of Applicant

Social Security Number

Date

X

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