# **Bushwick Stuyvesant Heights Home Attendants, Inc.**

***ID****#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Place Photo Here

 992 Gates avenue (2nd fl) Brooklyn, N.Y. 11221 Tele: (718)453-8400 Fax: (718)453-9391

Pre-Employment Application

Personal

Position Applied For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referral Source: { } Advertisement { } Friend { } Relative

{ } Employment Agency { } Other

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name | First Name | M.I. | Social Security Number |
| Have you ever been known by any other name? { }Yes { }No |
| If so, please state prior name/names and date of change. |
| Home Address | Apt. # | City | State | Zip Code |
| Telephone : (Area Code) | Emergency Contact Name | Emergency Contact # |

Are you over 18 yrs. of age? { }Yes { }No Are you legally eligible to work in the USA? { }Yes { }No Have you filed an application here before? { }Yes { }No Have you ever been employed here before? { }Yes { }No Can you travel if a job requires? { }Yes { }No Are you able, with or without reasonable accommodations to perform the essential functions of the job for which you are applying? (See Attached Job Description)

If no, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| Hours Available | Days Available | Position Preferred: Permanent\_\_\_ Temporary\_\_\_\_ Sleep-In\_\_\_\_ On-Call\_\_\_\_ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Education | Name & Location of School | No. of Yrs. Completed | Did you Graduate? | Diploma |
| Elementary |  |  |  |  |
| High School |  |  |  |  |
| College |  |  |  |  |
| Other |  |  |  |  |
| High School Equivalence  |  |  |  |  |

List of professional licenses or certificates held:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number(s) \_\_\_\_\_\_\_\_\_ Expiration Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Foreign Languages Spoken:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment History

List most recent position – First three (3) required:

|  |  |  |  |
| --- | --- | --- | --- |
| FromMo. / Yr. | Name of Employer | Name/Title –Last Supervisor | Telephone # |
| ToMo. / Yr. | Address/Street | City/State | Zip Code | Position Held | Salary Per Hr |

Briefly describe the work you performed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reason for leaving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we contact this employer? { }Yes { }No If not, please explain why. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| FromMo. / Yr. | Name of Employer | Name/Title –Last Supervisor | Telephone # |
| ToMo. / Yr. | Address/Street | City/State | Zip Code | Position Held | Salary Per Hr |

Briefly describe the work you performed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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May we contact this employer? { }Yes { }No If not, please explain why. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| FromMo. / Yr. | Name of Employer | Name/Title –Last Supervisor | Telephone # |
| ToMo. / Yr. | Address/Street | City/State | Zip Code | Position Held | Salary Per Hr |

Briefly describe the work you performed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Reason for leaving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we contact this employer? { }Yes { }No If not, please explain why. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Applicant’s Certification

I certify that all matters contained in this application are true, authorize this investigation and agree that any misleading or false statements would render this application void and would be sufficient cause for immediate dismissal in the event of employment.

I understand that my employment is dependent upon satisfactory completion of a physical examination, receipt by the agency of satisfactory references, attendance at employee’s orientation and completion of an I-9 form.

I agree, if employed, to abide by all of the agency’s rules and regulations.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

for personnel use only

Interviewer’s Comments

Skills: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Appearance:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Recommend for employment: { }Yes { }No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interviewer’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_

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