



Place Photo Here

BUSHWICK STUYVESANT HEIGHTS HOME ATTENDANTS, INC. 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: { } ADV	{ } F	{ } Relative					
{ }	EMPLOYMENT AGENCY	{ }	OTHER				
LAST NAME		FIRST N	AME	M.I.	SOCIAL SECURITY NUMBER		
HAVE YOU EVER BEEN KNOWN	BY ANY OTHER NAME?		{ }YES {	}No	1		
IF SO, PLEASE STATE PRIOR NA	AME/NAMES AND DATE OF	CHANGE.	EMAIL:				
			\				
. Home <i>i</i>	Address		Арт. #	CITY	STATE	ZIP CODE	
Telephone : (Area Co	TELEPHONE: (AREA CODE) EMERGENCY CONTACT NAME						
ARE YOU OVER 18 YRS. OF AGE? ARE YOU LEGALLY ELIGIBLE TO WORK IN THE USA? HAVE YOU FILED AN APPLICATION HERE BEFORE? HAVE YOU EVER BEEN EMPLOYED HERE BEFORE? CAN YOU TRAVEL IF A JOB REQUIRES? 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: YES NO NO NO NO NO NO NO N							
Hours Available	DAYS AVAILABLE	Posi	TION PREFERRED:	PERMANENT_ SLEEP-IN_	TEMPORARY _ On-Call		

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Education		NAME & LOCATION OF SCHOOL		and the second			ID YOU ADUATE?		DIPLOMA
ELEMENTARY									
High School									
College									
OTHER							ŗ		
HIGH SCHOOL EQUIVALENCE									
LIST OF PROFESSIONAL LICENSES OR CERTIFICATES HELD:									
Number(s)		EXPI	RATION DATE:_						
FOREIGN LANG	UAGI	ES SPOKEN:							
LIST MOST RECE	ENT F	POSITION – FIRST THREE (3)	EMPLOYME REQUIRED:	NT HIS	STORY				
FROM Mo./YR.		NAME OF EMPLOYER			NAME/TITLE -LAST SUPERVISOR			TELEPHONE #	
To Mo./Yr.		Address/Street City/State			ZIP CODE POSITION HELD		HELD		
BRIEFLY DESCRIBE THE WORK YOU PERFORMED:									
REASON FOR LE	AVIN	lG:							
MAY WE CONTACT THIS EMPLOYER? { }YES { }NO									
FROM Mo./YR.		Name of Employer		NAME/TITLE –LAST SUPERVISOR			TELEPHONE #		
To Mo. / Yr.		Address/Street	CITY/STATE		ZIP CODE		Position	HELD	
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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FROM	Name of Employer	NAME OF EMPLOYER		Name/Title –Last Supervisor	
Mo. / YR.					
To Mo. / Yr.	Address/Street	CITY/STATE	ZIP CODE	Position Held	
BRIEFLY DESCRIBE	THE WORK YOU PERFORMED):			
REASON FOR LEAVE	NG:				
MAY WE CONTACT	THIS EMPLOYER? { }YES {	}No IF NOT, PI	LEASE EXPLAIN WH	IY	
		APPLICANT'S CERTI	FICATION	•	
MISLEADING OR FAL	MATTERS CONTAINED IN THI SE STATEMENTS WOULD REN VENT OF EMPLOYMENT.				
	T MY EMPLOYMENT IS DEPEN SATISFACTORY REFERENCES				
AGREE, IF EMPLOY	ED, TO ABIDE BY ALL OF THE	AGENCY'S RULES AND	REGULATIONS.		
	*	Signature	:		
	TO BE COMPLETED BY H	UMAN RESOURCES DE	PT. ONLY - PERSO	NNEL USE ONLY	
Interviewer's Cor	MMENTS				
SKILLS:					
Appearance:					
OTHER COMMENTS:					
RECOMMEND FOR E	MPLOYMENT: { }YES{ }N	0			
Interviewer's Sigi	NATURE:		TITLE:		
				D	ATE:
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PRE-EMPLOYMENTAPPLICATION/REV.3/17/REV.8-26-2020

The Agency That Cares

LS/ME

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