

BAKER VICTORY SERVICES

APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer. Our application forms are designed to obtain an applicant's skills, knowledge, and abilities based on specific job requirements. Questions are designed to collect enough data for us to evaluate an applicant's abilities to successfully perform the job for which she/he is applying. It is the policy of Baker Victory Services to offer equal employment opportunity to all persons without regard to race, creed, color, national origin, sex, marital status, age, disability, or arrest record. No job applicant is to be discriminated against or given preference because of these factors.

POSITION(S) DESIRED: _____

Personal Identification:

Name _____ Social Security Number _____

Present Address _____ How Long? _____

Town/City _____ State _____ Zip code _____

Phone number _____

Permanent Address _____ How Long? _____

Town/City _____ State _____ Zip code _____

Do you have the legal right to work in this country? (Proof of citizenship or immigration status will be required upon employment? Yes _____ No _____

Have you ever been employed with Baker Victory Services, Baker Hall Inc., Our Lady of Victory Infant Home, Our Lady of Victory Homes of Charity, Child Pro Inc., Child Pro of WNY, LLP or Monarch Little Learners Academy? Yes _____ No _____

Education	Name of School, City and State	Major course or subject	Highest Grade completed	Did you graduate?
High School			9 10 11 12	
College or University			1 2 3 4	
Graduate Professional School			1 2 3 4	

Previous Employment Record (starting with your present or last job, list each job held, additional pages will be provided if necessary)

Employer: _____

Address: _____

Phone: _____

Dates of employment: _____

Position Held: _____

Supervisor: _____

Reason for leaving: _____

Description of duties:

Employer: _____

Address: _____

Phone: _____

Dates of employment: _____

Position Held: _____

Supervisor: _____

Reason for leaving: _____

Description of duties:

Employer: _____

Address: _____

Phone: _____

Dates of employment: _____

Position Held: _____

Supervisor: _____

Reason for leaving: _____

Description of duties:

Employer: _____
 Address: _____
 Phone: _____
 Dates of employment: _____
 Position Held: _____
 Supervisor: _____
 Reason for leaving: _____
 Description of duties:

Background experiences:

In the space provided below, describe any background experiences related to the position(s) you have applied for that makes you a good candidate for this job. We prefer specific details, however, do not describe any background experiences in connection with your; religious affiliation, national origin, race, creed, color, sex, marital status, age, disability or arrest record.

Personal References: (do not list a relative or someone living with you and you must provide at least two (2) personal references)

Name	Address (please include number, street, city, state, and zip code)	Occupation	Phone

Were you referred to Baker Victory Services by a current Baker Victory Services employee? If so, who? _____

Social Services Law Requirement:

Section 424-A of the Social Services Law requires that persons applying for employment with child care agencies, applicants to adopt a child, or applicants to be foster care parents to be cleared with the State Central Registry to determine if they are the subject of an indicated child abuse or maltreatment report.

1. Are you now or have you ever been the subject of an indicated report of child abuse, neglect or maltreatment? Yes _____ No _____

If yes, explain:

2. Are you presently being investigated for child abuse, neglect or maltreatment? Yes ___ No ___

If yes, explain:

Driving record and Licensure

If applying for a child care position in the Intermediate Care Facilities, the following information is required by the Office of Mental Retardation and Developmental Disabilities. (NYCRR Part 633.5)(CCA,CRW,CCT, applicants only). If you are applying for a Mental Health Specialist, Therapy Aide, Recreation Therapist, Maintenance or Driver position, you must complete this section.

NYS Driver's License No. _____ NYS Learner's Permit No. _____

1. Have you been convicted of a moving violation within the last 3 years? Yes ___ No ___
2. Has your license ever been suspended? Yes ___ No ___
3. Has your license ever been revoked? Yes ___ No ___
4. Have you ever been convicted of any other crime involving a motor vehicle, including, DWI? Yes ___ No ___
5. Have you had any other occurrence involving harm to anyone or property while driving? Yes ___ No ___

Criminal Record:

1. Have you ever been convicted of a crime? Yes ____ No ____

If yes, explain:

2. Do you have any pending felony or misdemeanor charges? Yes ____ No ____

If yes, explain:

Applicant Release:

I authorize Baker Victory Services to conduct a background investigation in order to assess my eligibility for a position of employment. I authorize all persons who may have information relevant to this investigation to disclose it (including photocopies where requested) to Baker Victory Services or their agents, and I release all persons of liability on account of such disclosure. I understand that the investigation may include verification of past employment, education, driving record, criminal record check, and opinions of reference.

I authorize that a photocopy of my signature below may be used to obtain information regarding the investigation. This authorization is valid for a period of one (1) year.

Signature of applicant _____ **Date** _____

Applicant’s Acknowledgment of Substance Abuse Testing Policy

I acknowledge and understand that in accordance with Baker Victory Services substance abuse testing policy I will be required to submit a sample of my urine for chemical or other analysis. I further understand that the purpose of this analysis is to determine or rule out the presence of non-prescribed or prohibited controlled substances in my urine.

I understand that refusal to take this test, attempts to adulterate the sample, or a positive test for illegal drug use will result in Baker Victory Services denying my application for employment. I understand that I will be required to execute a consent and release for substance abuse testing and that my refusal to execute a consent and release for substance abuse testing will result in Baker Victory Services denying my application for employment.

Signature of applicant _____ **Date** _____

The facts set forth in my application are true and complete. I understand that if employed, false statements on this application shall be sufficient cause for dismissal. I agree to cooperate with Baker Victory Services in supplying or assisting in gathering any necessary documents as required to complete this application.

Signature of applicant _____ **Date** _____

