



Robinson Memorial Community Services, Inc.

126 South Terry Road

Syracuse, NY 13219

(315) 430-7481

www.syracusehomecare.org

care@syracusehomecare.org

Employment Application

General Information

Please complete

Date of Application: _____

Last Name:		First Name:		MI:
Address (Number & Street)		City	State	Zip Code
Phone Number: _____ Cell Number: _____ Email Address: _____		How long have you resided at this address? (voluntary response) Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date you would be available to start work: ____/____/____	If you are under the age of 18, are you able to provide the required working permit? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Position(s) applying for:	Are you legally eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of US Citizenship or Immigration status required upon hire)			
Preferred job status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal	Have you ever been previously employed by Syracuse Home Care or Robinson Memorial Community Services, Inc.? If yes, what was your position?			
*Have you ever been convicted of a criminal offense, misdemeanor, or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide dates, locations, charges, and a complete explanation of all offenses. _____ _____				
*A conviction does not automatically disqualify you from consideration. The nature of the offence, date of conviction, work history and other job-related qualifications will be considered in making our decision. Please give all the facts, so that a fair decision can be made. However, failure to provide complete and accurate information relating to criminal convictions will result in immediate termination. Syracuse Home Care reserves the right to perform background checks on all employees.				

Education, Certifications, and Training

Educational Background				
	Name & Location of School	Major and Type of Degree Earned	Number of Years Completed	Degree Awarded
<input type="checkbox"/> High School <input type="checkbox"/> GED				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Process
<input type="checkbox"/> College/University				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Process
<input type="checkbox"/> Vocational <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Process
Please briefly describe any special skills you have that are relevant to your employment with Syracuse Home Care.				

Trainings and Certifications		
List any relevant current certifications, professional registrations, or licenses		
Type (CPR, First Aid, Notary, etc.)	Level	Expiration Date

Personal References

Please list three references who will be able to comment specifically on your abilities and experiences for the position you are seeking. **References must not be family or household members.**

Name		Relationship		Years Known	
Street Address		City	State	Zip	
Phone Number	Email				

Name		Relationship		Years Known	
Street Address		City	State	Zip	
Phone Number	Email				

Name		Relationship		Years Known	
Street Address		City	State	Zip	
Phone Number	Email				

Employment History

List employment history starting your most recent position, followed by all other jobs in sequence. First time job seekers, please list any volunteer activities, starting with the most recent. If a resume is provided, this section must still be completed.

Dates of Employment From _____ (Mo/Yr) To _____ (Mo/Yr) May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer Name		Job Title	Wages Starting Hourly Rate/Salary \$ ____ per ____ Ending Hourly Rate/Salary \$ ____ per ____
	Address		Immediate Supervisor Name & Title	
	Phone Number	Reason for Leaving		

Dates of Employment From _____ (Mo/Yr) To _____ (Mo/Yr) May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer Name		Job Title	Wages Starting Hourly Rate/Salary \$ ____ per ____ Ending Hourly Rate/Salary \$ ____ per ____
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	Address		Immediate Supervisor Name & Title	
	Phone Number	Reason for Leaving		

Content and Model Release for Media Use

(Optional)

Permission to Use Content

I hereby grant Robinson Memorial Presbyterian Church and its affiliate organization, Robinson Community Services, Inc. d/b/a Syracuse Home Care (henceforward called "the organizations"), permission to use, edit, and publish any photographs, video recordings, interviews (written or recorded), and quotes which I have provided to the organizations for use in print or digital media for the purposes of education, advertising, promotion, and marketing of the organizations and their services.

I hereby release the organizations from any and all liability relating to the content of the published materials. I will not seek monetary compensation for the use of the images or other content created for publication which falls under the permissions of this release.

Signature

Date

Model Release

I hereby grant Robinson Memorial Presbyterian Church and its affiliate organization, Robinson Community Services, Inc. d/b/a Syracuse Home Care (henceforward called "the organizations") , permission to use, edit, and publish any photographs, video recordings, interviews (written or recorded), and quotes which feature or identify me by name or image in print or digital media for the purposes of education, advertising, promotion, and marketing of the organizations.

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Signature

Date

Applicant Statement, Acknowledgement and Authorization

Please read all statements and sign below:

I expressly authorize, without reservation, Robinson Memorial Community Services, Inc. (RMCS), its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions to verify the accuracy of the information provided by me in this application, resume, or job interview. I agree to hold such persons harmless with respect to any information they may supply. I understand and agree that any offer of employment is contingent upon successful completion of all background check processes, including a criminal history background check.

I certify that all information provided by me in this application is correct, accurate and complete. I understand that the falsification, misrepresentation, or intentional omission of any facts in this application or any other document submitted in connection with RMCS employment will be sufficient cause to (1) cancel further consideration of this application, (2) withdraw any pending job offer, or (3) immediately terminate employment from Robinson Memorial Community Services, Inc., regardless of the timing or circumstances of discovery.

I understand that all offers of employment are conditional upon my ability to provide appropriate documents regarding my identity and legal right to work in the United States. I understand that this application is only valid for the position applied for at present and that the RMCS is not obligated to retain or consider this application for future openings. If hired, I agree to abide by RMCS policies and rules at all times. Additionally, I understand that if I am employed by RMCS, my employment can be terminated, with or without cause and with or without notice, at any time at the option of RMCS or myself.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable federal, state or local law.

Notice to All Applicants: Robinson Memorial Community Services, Inc. enforces policies and practices to prevent elder abuse. Allegations or suspicions of abuse are taken very seriously at RMCS and will be reported to the proper authorities for investigation. We have abuse reporting procedures, there are unscheduled visits from supervisors, we have an open door for family members, and we have a code of conduct for staff. We also screen carefully to prevent abusers from being hired.

I hereby certify that I have read, fully understand and accept all terms of the forgoing applicant statement and that I voluntarily sign this application.

Signature of Applicant

Date

For Office Use Only

Background Investigation Consent

Done by GOODHIRE Company

In order to ensure the quality of our services, all potential employees of Robinson Memorial Community Services, Inc. – which includes Syracuse Home Care – must consent to a complete background check. Please complete the following information to the best of your ability.

I, _____ (your complete name), hereby authorize the GOODHIRE Company and/or its agents to make an independent investigation of my background references, character, past employment, education, criminal, or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application for employment and/or obtaining other information, which may be material to my qualifications for employment now, and if applicable, during the tenure of employment in any capacity with Robinson Memorial Community Services, Inc.

I release the Robinson Memorial Community Services, Inc. and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name, and all information is true and correct to the best of my knowledge.

Full Name (please print)			
<u>Provide Maiden Name or Other Names Used</u>			
Present Street Address			
City	State	Zip Code	How long have you lived at this address?
Former Street Address			
City	State	Zip Code	How long have you lived at this address?
Date of Birth	SSN	Driver's License #	State of License
Signature			Date