

# Between Ages Adult Social Center

*"Where Comfort and Stimulation Never End"*

**Phone:** (914)-740-5160      **Email:** daycare@betweenages.com  
**Fax:** (914)-740-5161      **Website:** www.betweenagesasc.com  
175 Memorial Highway, Suite 1-3, New Rochelle, NY, 10801



## **JOB APPLICATION**

Between Ages Adult Social Center is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

**Please fill ALL the sections below**

### **APPLICANT INFORMATION**

Name: \_\_\_\_\_  
Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Telephone \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Date of Employment \_\_\_\_\_

### **EMPLOYMENT POSITION**

**Position(s) applying for:** Director, Activity Leader, Registered Nurse, Driver, Social Worker, Public Relations Worker, Office Clerk, Director, Administrative Assistant

How did you hear about this position? \_\_\_\_\_  
What days are you available for work? \_\_\_\_\_  
What hours or shift are you available for work? \_\_\_\_\_  
If needed, are you available to work overtime? \_\_\_\_\_  
Do you have reliable transportation to and from work? \_\_\_\_\_

Are you 18 years of age or older?    Yes ☐    No ☐

Are you a U.S. citizen or approved to work in the United States?    Yes ☐    No ☐

Which documents can you provide as proof of citizenship or legal status?

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

Will you consent to a mandatory controlled substance test? Yes No

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

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### **Job Skills/Qualifications**

Please list below the skills and qualifications you possess (especially) for the position for which you are applying:

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### **EDUCATION AND TRAINING**

#### **High School**

Name	Location (City, State)	Year Graduated	Degree Earned

#### **College/University**

Name	Location (City, State)	Year Graduated	Degree Earned

#### **Vocational School/Specialized Training**

Name	Location (City, State)	Year Graduated	Degree Earned

#### **Military:**

Are you a member of the Armed Services? \_\_\_\_\_

What branch of the military did you enlist? \_\_\_\_\_

What was your military rank when discharged? \_\_\_\_\_

How many years did you serve in the military? \_\_\_\_\_

What military skills do you possess that would be an asset for this position?

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**EMPLOYMENT HISTORY (Please list beginning with the most recent experience)**

**Employer Name:** \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Employer Telephone: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**Employer Name:** \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Employer Telephone: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**Employer Name:** \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Employer Telephone: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**REFERENCES**

Please provide professional reference(s) below:

References	Contact Information

**Additional Information:**

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**AT-WILL EMPLOYMENT**

The relationship between you and the Between Ages Adult Social Center is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Between Ages Adult Social Center. No representative of Between Ages Adult Social Center has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant Signature:

Dated:

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## EMPLOYEE HEALTH EXAMINATION REPORT

### PERSONAL DATA

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name

Gender: Male ☐ Female: ☐

Weight \_\_\_\_\_ Height \_\_\_\_\_

Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Medical History

Medical Condition/s \_\_\_\_\_

Epilepsy \_\_\_\_\_

Substance Abuse \_\_\_\_\_

Mental illness/es \_\_\_\_\_

Rubella status \_\_\_\_\_ Measles status \_\_\_\_\_

Hepatitis B status \_\_\_\_\_

1) Mantoux Test P.P.D. Date \_\_\_\_\_ Result \_\_\_\_\_

2) Chest X-Ray Date \_\_\_\_\_ Result \_\_\_\_\_

Is he or she approved for employment in an Adult Daycare Center? Yes ☐ No ☐

If no, explain \_\_\_\_\_

Doctor's

Name: \_\_\_\_\_ Telephone contact: \_\_\_\_\_

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

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

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Covid-19 Test Result: Positive ☐ Negative ☐ (If the patient is not vaccinated against COVID-19, please answer.)

Doctor's

Name: \_\_\_\_\_ Telephone contact: \_\_\_\_\_

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

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