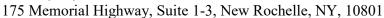
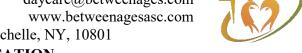
Between Ages Adult Social Center

"Where Comfort and Stimulation Never End"

Phone: (914)-740-5160 Email: daycare@betweenages.com Fax: (914)-740-5161 Website: www.betweenagesasc.com





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.

Name:Address	
Date of Birth	
Telephone	
Social Security Number	
Date of Employment	
Position(s) applying for: Director, Activity Leader, Registered Nurse, Driver, Social Worker Relations Worker, Office Clerk, Director, Administrative Assistant How did you hear about this position?	,
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?	
10 0 11 0 77 -	
Are you 18 years of age or older? Yes ☐ No ☐	
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 ☐	

Will you consent to a mar	ndatory controlled substance test	?	Yes	No
Have you ever been convicted of a criminal offense (felony or misdemeanor)?			Yes	No
If yes, please state the na	ture of the crime(s), when and w	here convicted and disp	position of the case:	
Job Skills/Qualifications Please list below the skills applying:	s and qualifications you possess	(especially) for the posi	ition for which you are	
EDUCATION AND TRA	<u>AINING</u>			
<u>Name</u>	Location (City, State)	Year Graduated	Degree Earned	
College/University				_
Name_	Location (City, State)	Year Graduated	Degree Earned	-
VocationalSchool/Spe	ciali ed Training		-	_
Name_	Location (City, State)	Year Graduated	Degree Earned	
Military: Are you a member of the				
What branch of the military in What was your military in How many years did you	ank when discharged?			
What military skills do y	ou possess that would be an asse	et for this position?		

EMPLOYMENT HISTORY (Plea Employer Name:	ase list beginning v	vith the most recent experience)
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:			
Rousen for fourthig.			
Employer Name:			
Job Title:			
Supervisor Name:			
Employer Address:			
City, State and Zip Code:			
Employer Telephone:			
Dates Employed:			
Reason for leaving:			
<u> </u>			
<u>REFERENCES</u>			
Please provide professional reference	ce(s) below:		
References		Contact Information	

Additional Information:			
AT-WILL EMPLOYME			
The relationship between This means that your em without notice, by you of Social Center has author relationship. You unders statements or representa	n you and the Between Ages Adult So aployment can be terminated at any to or the Between Ages Adult Social Co ority to enter into any agreement of tand that your employment is "at will tions regarding your employment ca	ocial Center is referred to as "employed ime for any reason, with or without of Center. No representative of Between contrary to the foregoing "employed," and that you acknowledge that no can alter your at-will employment status Vice-President/Chief Operations Control of the Control of	cause, with or n Ages Adult ment at will" oral or written us, except for
Applicant Signature:		Dated:	



"Where comfort and stimulation never end"

175 Memorial Highway, Suite 1-3, New Rochelle, NY, 10801

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 sta	atus	_	
Hepatitis B status				
Mantoux Test P.P.D. Date Chest X-Ray Date	e Result Result	t		
Is he or she approved for emplo	yment in an Adult D	aycare Center? Yes	No No	
If no, explain				
Doctor's				
Name:	_ Telephone contac	ot:		_
Address:	Signature:		_	
License:	Date:			

Between Ages Adult Social Center

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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: