



Benchmark Family Services, Inc.
1635 Ohio Street
Watertown, NY 13601
Phone 315-786-7285
Fax 315-786-7270

APPLICATION FOR EMPLOYMENT

Name: _____ Date: _____

Present Address: _____

Permanent Address: _____

Home Phone: _____ Cell Phone: _____

Position Applying For: _____

Circle One: Full Time Part Time

EDUCATION & PROFESSIONAL TRAINING

	School or University	State	Field of Study	Degree
High School				
Undergraduate				
Graduate				
Additional				

CERTIFICATIONS & LICENSES

Please list only certifications or licenses valid in NY. Enclose copies.

1. _____ Expiration Date: _____

2. _____ Expiration Date: _____

3. _____ Expiration Date: _____

Please note any prior experience relevant to the position for which you are applying. Childcare experience should be specifically identified:

LIST ALL PAST AND PRESENT EMPLOYMENT, BEGINNING WITH THE MOST CURRENT

You may attach a sheet or resume with additional employers.

Employer: _____
Address: _____
Phone: _____ May we contact this employer? YES NO
Dates employed: _____ Job Title: _____
Name of supervisor: _____ Last annual salary: _____
Reason for leaving: _____

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PROFESSIONAL REFERENCES

Professional references are former managers, coworkers, and employees.

Name: _____ Occupation: _____
Worked together at: _____
Email: _____ Phone: _____
This person was my: MANAGER SUPERVISOR COWORKER Other: _____

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This person was my: MANAGER SUPERVISOR COWORKER Other: _____

PERSONAL REFERENCES

Personal references are friends, acquaintances, and relatives.

Name: _____ Occupation: _____
Email: _____ Phone: _____
This person is my: FAMILY MEMBER FRIEND Other: _____

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Email: _____ Phone: _____
This person is my: FAMILY MEMBER FRIEND Other: _____

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Email: _____ Phone: _____
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Name: _____ Occupation: _____
Email: _____ Phone: _____
This person is my: FAMILY MEMBER FRIEND Other: _____

AGREEMENT

I hereby give permission for the release of information from work references, professional references, and personal references which I have submitted both on this form and any attached forms.

I certify that the information given herein is true, correct, and complete to the best of my knowledge.

I authorize investigation of all statements contained in the Employment Application as may be necessary in arriving at an employment decision.

Prior to employment, I understand that I am required to provide an employee physical, which must be signed by a licensed medical doctor and be current within the last six months. You will receive the form we use for employee physicals at your interview.

Additionally, in the event of employment, I understand that any misstatement, omission of fact or misleading information given in my application and/or interview(s) may result in dismissal. I also understand that I am required to abide by all rules and regulations, personnel policies of Benchmark Family Services, and specific policies for the program in which I am employed.

Signature

Name

New York State requires that we send a request to the Staff Exclusion List at the NYS Justice Center. This must be completed prior to any consideration for hire. To complete this form, your Social Security Number is required. SSN: _____. Your Social Security Number will be blacked out on this form once the request has been sent to the NYS Justice Center.

Please note: Benchmark Family Services does not discriminate on the basis of race, color, national or ethnic origin, ancestry, age, religion or religious creed, disability, sex or gender, gender identity and/or expression, sexual orientation, military or veteran status, genetic information, or any other characteristic protected under applicable federal, state, or local law.