



6520 Basile Rowe
East Syracuse NY 13057
(Phone) 315-478-6210 (Fax) 315-478-1575

APPLICATION FOR EMPLOYMENT

Spaulding Support Services' core mission is to support people with developmental disabilities and their families by providing services related to each individuals' unique and evolving life circumstances. It is the philosophy of Spaulding Support Services that all people are inherently valuable and are entitled to support and services that promote their well-being.

Equal employment opportunity will be offered to all candidates without regard to age, race, color, national origin, religion, gender, disability, veteran status, and any other category protected by federal, state or local law.

Name:

Date:

Mailing Address:

City:

State:

Zip:

Phone Number:

Cell Phone Number:

Position(s) Applying For:

Do you have a valid New York State driver's license?

If yes, please provide your license ID number:

EDUCATION

High School:

School Attended:

Address:

Did you graduate/receive a diploma?

If no, earned your GED?

College:

College Attended:

Address:

Major:

Type of Degree:

or # of Credit Hours

Other:

School Attended:

Address:

Did you graduate?

If yes, type of degree/certificate:

Special Skills or Training:

List any special skills/training which relate to the position you are applying for:

EMPLOYMENT EXPERIENCE

Have you ever been terminated or resigned from any job to avoid termination?

If yes, please explain circumstances:

Starting with your most recent employer, please list all employment experience. Attach a separate page if needed.

Employer:

Address:

Position Held:

Employed:

From:

To:

Briefly Describe Your Work Duties:

Reason For Leaving:

Supervisor's Name:

Contact Number:

Employer:

Address:

Position Held:

Employed:

From:

To:

Briefly Describe Your Work Duties:

Reason For Leaving:

Supervisor's Name:

Contact Number:

Employer:

Address:

Position Held:

Employed:

From:

To:

Briefly Describe Your Work Duties:

Reason For Leaving:

Supervisor's Name:

Contact Number:

May we contact your current/most recent employer for a reference?

****A yes answer to the questions below will not necessarily disqualify the applicant from employment****

Have you ever been convicted of a criminal offense (misdemeanor or felony) in any jurisdiction?

If yes, explain details:

Are there any pending criminal charges against you in any jurisdiction?

If yes, explain details:

Have you ever been the subject of an investigation, or convicted of patient abuse, or fraud or abuse relating to healthcare or the delivery of health care, including but not limited to Medicare or Medicaid fraud?

If yes, explain details:

In the past three years have you been convicted of a motor vehicle violation or DWI, had your license to drive suspended or revoked, or been the driver in any accident involving harm to persons or property?

If yes, explain details:

PROFESSIONAL REFERENCES

List three work related references - supervisors, colleagues, coworkers

Name:	Phone Number:		
Address:	City:	State:	Zip:
Company:	Position:		

Name:	Phone Number:		
Address:	City:	State:	Zip:
Company:	Position:		

Name:	Phone Number:		
Address:	City:	State:	Zip:
Company:	Position:		

PERSONAL REFERENCES

List three references that are not related to you

Name:	Phone Number:		
Address:	City:	State:	Zip:
Occupation:	Relationship:	Years Known:	

Name:	Phone Number:		
Address:	City:	State:	Zip:
Occupation:	Relationship:	Years Known:	

Name:	Phone Number:		
Address:	City:	State:	Zip:
Occupation:	Relationship:	Years Known:	

Are you legally eligible for employment in the United States?

Are you at least 18 years of age?

How did you learn about us?



Employment Availability

	8am-4pm	4pm-10pm	10pm-8am (Overnights)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Availability for _____