



## **WORKER APPLICATION and PROFILE**

1. Social Security \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
  
2. Full legal name:  
\_\_\_\_\_
  
3. Address:  
\_\_\_\_\_
  
4. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
  
5. Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_
  
6. Cell Phone ( ) \_\_\_\_\_ E-mail address \_\_\_\_\_
  
7. Do you have a Valid NYS Driver's License? Yes  No  ID# \_\_\_\_\_
  
8. Do you have available transportation? Yes  No
  
9. Do you possess a high school diploma or GED? Yes  No
  
10. Do you have CPR certification? Yes  No
  
11. Do you have First Aid certification? Yes  No



**MISCELLANEOUS**

a. Check when you are available: \_\_\_\_\_ day \_\_\_\_\_ evening \_\_\_\_\_ weekends

b. How many hours are you available a week: \_\_\_\_\_

c. When are available to start work? \_\_\_\_\_

d. Check the counties in which you are willing to work:

- |                         |                         |                |
|-------------------------|-------------------------|----------------|
| _____ Albany            | _____ Northern Saratoga | _____ Hamilton |
| _____ Southern Saratoga | _____ Schoharie         |                |
| _____ Schenectady       | _____ Warren            |                |
| _____ Fulton            | _____ Washington        |                |
| _____ Montgomery        |                         |                |

e. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?  Yes  No  
 Under The Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

f. Have you ever been convicted\* for any violation(s) of law, including moving traffic violations?  Yes  No If YES, please provide the following:  
 Description of offense: \_\_\_\_\_  
 Statute or ordinance (if known): \_\_\_\_\_ Date of charge: \_\_\_\_\_  
 Date of Conviction: \_\_\_\_\_  
 (For additional convictions use plain paper. Include all information listed above.)  
 \*Convictions include New York juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching, or aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.

g. Ages you would prefer to work with. Please rank in order of 1<sup>st</sup> preference.)

- Infants/toddlers  School age  Adolescents

Preferred Activities:

Please place a check next to any of the following recreational activities that you may be interested in.

- |                        |                           |                        |
|------------------------|---------------------------|------------------------|
| Aerobics _____         | Coin Collecting _____     | Finger Painting _____  |
| Alphabet/Numbers _____ | Coloring _____            | Fishing _____          |
| Arts-n-Crafts _____    | Computer Games _____      | Gardening _____        |
| Baseball _____         | Concerts _____            | Growing Plants _____   |
| Basketball _____       | Conversations _____       | Gymnastics _____       |
| Bicycling _____        | Constructing Models _____ | Hiking _____           |
| Blocks _____           | Cooking _____             | Horseback Riding _____ |
| Board Games _____      | Crocheting _____          | Jogging _____          |
| Boating _____          | Crossword Puzzles _____   | Jumping Rope _____     |
| Bowling _____          | Dancing _____             | Kite Flying _____      |
| Camping _____          | Drama _____               | Knitting _____         |
| Cards _____            | Drawing _____             | Listen to Music _____  |

Clay _____	Exercising _____	Making Music _____
Climbing _____	Fantasy Play _____	Miniature Golf _____
Model Boats _____	Puzzles _____	Playing Catch _____
Model Cars _____	Racetracks _____	Video Games _____
Model Planes _____	Reading _____	Volleyball _____
Model Trains _____	Roller-skating/blading _____	Woodworking _____
Movies _____	Singing _____	Word Games _____
Museums _____	Stamp Collecting _____	Zoos _____
Peg Boards _____	Swimming _____	Other: _____
Ping Pong _____	Swings _____	Tee Ball _____
Team Games _____		

**What type of personal or professional experience have you had in the direct care field? Explain.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION --- Each application requires current date and original signature.**

I hereby certify that all entries on both sides or pages and attachments are true and complete, and I agree that any falsification of information herein, regardless of time of discovery, may cause forfeiture of my part of any employment in the service of employer this application is completed for. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize the employer to rely upon and use, as it sees fit, any information received from such contacts.

**Date:** \_\_\_\_\_ **Applicant Signature:** \_\_\_\_\_

Please Send to:

Upstate Respite Services  
 PO Box 111  
 Ballston Spa, New York 12020