



APPLICATION FOR EMPLOYMENT

**STILLWATER RTF
638 Squirrel Hill Road
Chenango Forks, NY 13746
(607) 656-9004**

PERSONAL BACKGROUND:

NAME: (First, Middle, Last)	Address: City: State: Zip:	Who referred you to Stillwater: <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Current Employee (please name): <input type="checkbox"/> Other (please specify)
Social Security #:		
Phone #:	Are you 21 yrs. or older? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a citizen of the US? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details on back

EMPLOYMENT DESIRED:

Position Applying for:	Date you can start:
Salary Desired: \$	Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever applied to Stillwater <u>or</u> the Children's Home of Wyoming Conference <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, When?	If yes, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed by the Children's Home RTF, Inc. or the Children's Home of Wyoming Conference <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, When?	

EDUCATIONAL BACKGROUND:

School Attended	Name and Location	Did you graduate?	Subjects Studied
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Graduate School		<input type="checkbox"/> Yes <input type="checkbox"/> No	

GENERAL INFORMATION:

Subjects of Special Study or Research Work:				
<table style="width: 100%;"> <tr> <td style="width: 50%;">US Military or Naval Service:</td> <td style="width: 50%;">Rank:</td> </tr> <tr> <td>Present Membership in National Guard or Reserves:</td> <td></td> </tr> </table>	US Military or Naval Service:	Rank:	Present Membership in National Guard or Reserves:	
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WORK EXPERIENCE:

Please list your last four employers starting with present or last place of employment.

Date Month/Year	Name, Address & Phone Number of Employer	Salary	Position	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

REFERENCES:

Please give the names of three persons, not related to you, whom you have known at least one year. One of these should be a work reference.

Name	Address & Telephone #	Work or Personal Reference?	Years Acquainted

APPLICANT'S STATEMENT

By signing this application, I understand that if hired by STILLWATER, I will be an employee "at will", which means my employment with the Agency may be terminated at any time at the option of the Agency or myself. I also understand that neither this application nor any communication by a management representative is intended to or does in fact create a contract of employment.

I agree to conform to the rules and regulations of STILLWATER and understand that the Agency has complete discretion to modify such rules and regulations at any time.

The above information is complete and true to the best of my knowledge. I understand that any misrepresentation or omission on my part of the facts in this application may result in immediate dismissal. I also understand that it is general practice for the Agency to share applications and information obtained with the Children's Home of Wyoming Conference.

I hereby authorize you to conduct any investigation necessary concerning any part of my background related to the position I am seeking. I am aware that the Agency makes inquiries of law enforcement agencies, motor vehicles records and child abuse records when applicable. I release all parties from any liability in connection with the provision and use of such information.

Applicant's

Signature: _____ **Date:** _____

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. Stillwater is an Equal Opportunity Employer

Please read the following before completing our Application

- ◆ **Our application must be completely filled out in order for it to be considered for any vacancies.**
- ◆ **If the information provided on our application cannot be satisfactorily verified by employment reference checks, your application could be considered incomplete.**
- ◆ **Applications are filed according to job title/position applying for. Be as specific as possible in stating the job applying for: ANY position is not an acceptable response on our application form.**
- ◆ **Due to the large number of applications we receive and the competitive nature of our employment process, specific reasons for employment decisions will not be released.**
- ◆ **In completing our application form, you will be subject to the following checks:**
 - **Employment Reference Checks from Former Employers**
 - **Criminal Background Check**
 - **Fingerprinting Screening**
 - **Drug Screen & General Physical**
 - **Child Abuse Clearance**
 - **Motor Vehicle Department**

I have read the above statements and understand the application process.

Signature of Applicant

Date



NOTICE AND AUTHORIZATION OF USE OF CONSUMER REPORTS
FOR EMPLOYMENT PURPOSES

IN ACCORDANCE WITH THE FAIR CREDIT REPORTING ACT AND STATE LAW, YOU ARE NOTIFIED THAT AS A CONDITION OF EMPLOYMENT WITH STILLWATER, A CONSUMER REPORT AND/OR AN INVESTIGATIVE CONSUMER REPORT MAY BE OBTAINED FOR EMPLOYMENT PURPOSES, WHEN EVALUATING YOUR ELIGIBILITY FOR EMPLOYMENT, PROMOTION, REASSIGNMENT, AND/OR RETENTION.

I, _____, HEREBY AUTHORIZE STILLWATER TO OBTAIN A CONSUMER REPORT AND/OR INVESTIGATIVE CONSUMER REPORT ON MYSELF FOR THE PURPOSE OF EVALUATING MY ELIGIBILITY FOR EMPLOYMENT, PROMOTION, REASSIGNMENT, AND/OR RETENTION WITH THE CHILDREN'S HOME, RESIDENTIAL TREATMENT FACILITY, INC.

I UNDERSTAND THAT SUCH REPORTS MAY INCLUDE INFORMATION BEARING UPON MY CREDIT WORTHINESS, CREDIT STANDING, CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND/OR MODE OF LIVING. I FURTHER ACKNOWLEDGE THAT SUCH INFORMATION MAY BE OBTAINED THROUGH PERSONAL INTERVIEWS WITH ANY PERSON WHO HAS KNOWLEDGE OF SUCH INFORMATION. THE INFORMATION WE RECEIVE WILL BE TREATED IN CONFIDENCE BY STILLWATER.

I UNDERSTAND THAT, ON REQUEST, I WILL BE INFORMED IF A FORM WAS REQUESTED BY STILLWATER AND IF SO, OF THE NAME AND ADDRESS OF THE CONSUMER REPORTING AGENCY FURNISHING THE REPORT. I ALSO UNDERSTAND THAT I HAVE THE RIGHT TO REQUEST THE COMPLETE AND ACCURATE DISCLOSURE OF THE NATURE AND SCOPE OF ANY INVESTIGATIVE CONSUMER REPORT PERFORMED, AND HEREBY ACKNOWLEDGE RECEIPT OF THE FEDERAL TRADE COMMISSION'S SUMMARY OF CONSUMER RIGHTS ENCLOSED HEREIN.

I AUTHORIZE AND REQUEST EVERY PERSON, FIRM, COMPANY, CORPORATION, GOVERNMENTAL AGENCY, COURT, COLLEGE, UNIVERSITY, SCHOOL DISTRICT, OR OTHER EDUCATIONAL INSTITUTION, LAW ENFORCEMENT OFFICE, AND ANY OTHER ENTITY HAVING CONTROL OR POSSESSION OF ANY INFORMATION PERTAINING TO ME OR MY BACKGROUND TO FURNISH SAME TO ANY REQUESTING PARTY COMPILING INFORMATION FOR THE PURPOSE INDICATED HEREIN.

Applicant/Employee Signature: _____

Date: _____

Address: _____

Phone #: _____

Please provide the following background information for use in obtaining a consumer report.

NAME _____

ADDRESS _____

The following information will be used by STILLWATER *solely* for the purpose of obtaining a consumer report and will not be used for any other employment purpose.

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____