



4610 Wetzel Road
Liverpool, NY 13090
Phone: 315-622-4815
Fax: 315-622-4885

APPLICATION FOR EMPLOYMENT

DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY OR MARITAL STATUS IS PROHIBITED BY NY STATE AND/OR FEDERAL LAW. BASCOL, Inc. WHOLEHEARTEDLY SUPPORTS BOTH THE LETTER OF THE LAW AND SPIRIT OF EQUAL OPPORTUNITY EMPLOYMENT.

Name: _____
Last First Middle

Address: _____
Street
City State Zip

Home Phone: _____ Work Phone: _____
Cell Phone: _____

Emergency Contact Name and Phone Number: _____

Did someone refer you to apply @ BASCOL? YES or NO If so, who? _____

Position Desired: _____

Date Available: _____ Salary Desired: _____

Status: Full-time Part-Time Temporary

SSN: _____

For BASCOL, Inc. Use ONLY:

Date Hired: _____

Date Started: _____

Job Title: _____

Location: _____

For BASCOL, Inc. Use ONLY:

Salary per period _____

OR

Hourly Wage: _____

JOB-RELATED PERSONAL INFORMATION

1. Are you under 18 years of age? Yes No
If yes, you understand that employment is subject to verification that you are of minimum legal age and you can supply a work permit.

2. Have you ever been convicted of a crime? Yes No
If yes, state specifics.

Such conviction may be relevant if job related, but does not bar you from employment.

3. Are you legally eligible to work in the United States? Yes No
If hired you will be required to provide proof of eligibility to work in the United States.

4. Do you have transportation to work? Yes No

5. Are you willing to work overtime? Yes No

6. Have you filled out previous applications for employment at BASCOL, Inc.? Yes No

7. Have you ever been employed by BASCOL, Inc.? Yes No

8. Are you currently employed? Yes No
If so, may we contact your present employer? Yes No

EDUCATION

Name and Location of School	Degree	Major	Years Completed	Grades / GPA	Graduated?
Graduate					
College					
High School					

Other – Certifications or Licenses		

Check any you have completed: **First Aid** **CPR** **Child Abuse Course** **School Physical**
 First Aid Expiration Date: _____ CPR Expiration Date: _____ Date CAC Taken: _____ Date of Physical: _____

EMPLOYMENT HISTORY

List employers, assignments or volunteer activities, *starting with the most recent*, including military experience. Explain any gaps in employment in comment section below.

Employer	Date Employed From	Summarize work performed and responsibilities
Address	Date Employed To	
Job Title	Starting Pay Rate	
Immediate Supervisor and Title	Ending Pay Rate	
Reason for Leaving		

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Comments:

Additional Skills Related to the Job:

BUSINESS REFERENCES

Please list 3 previous employers, managers, peers or supervisors to be called for references & 1 personal reference

NAME	JOB TITLE	PHONE

The facts contained in this application are true and complete. I understand and agree that any omissions, false or misleading statements made by me, in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations and organizations for furnishing such information.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 90 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I understand that as a condition of employment I will:

- Complete a SCR clearance form prior to my first day of work.
- Complete a Criminal Review History form prior to my first day of work.
- Obtain fingerprinting from approved sources and submit completed card to the BASCOL office before starting work.
- I understand 3 satisfactory business reference checks will be obtained.
- I will submit an approved completed physical form and mantoux testing results as part of my pre-employment hiring and every 2 years thereafter.
- I will become familiar with and abide by all NYS OCFS School Age Regulations.

Signature of Applicant _____ Date _____

We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, arrest or conviction or any other legally protected status.

Interviewed By _____ Date _____