



Before and After School & Summer
Child Care Programs

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. Applicants must answer all questions thoroughly to be considered for employment. We are an Equal Opportunity Employer and conduct all human resource actions without regard to race, color, creed, marital status, citizenship status, sex, national origin, age, disability, veteran status, military status, felony conviction record, sexual orientation, victims of domestic violence, crime victims, or any other category protected by a law or any other locally mandated classification protected by law.

You will be hired contingent upon the following criteria being met: A completed and approved SCR clearance form (Statewide Central Register Database Check), a completed Criminal Review History form, submitted and approved fingerprinting results. Also 3 satisfactory reference checks will be obtained, an approved completed physical form and mantoux testing results are part of my pre-employment hiring and I will become familiar with and abide by all NYS OCFS School Age Regulations.

Name: _____
Last First Middle

Address: _____
Street

_____ City State Zip

Home Phone: _____ Work Phone: _____
E-Mail: _____ Cell Phone: _____

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: _____

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. 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.
3. Do you have transportation to work for the schedule you would be assigned? Yes No
4. Have you filled out previous applications for employment at BASCOL? Yes No
5. Have you ever been employed by BASCOL? Yes No
6. 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	Immediate Supervisor and Title	
Reason for Leaving		

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Comments:

Additional Skills Related to the Job:

REFERENCES

Please list 3 previous employers, managers, peers or supervisors to be called for references & 1 personal reference. Please note: References cannot be someone you are related too or reside with.

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 retained for 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:

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- Complete a SCR clearance form prior to my first day of work. (Statewide Central Register Database Check)
- Complete Criminal Review History form prior to my first day of work.
- Obtain fingerprinting from approved sources
- I understand 3 satisfactory reference checks will be obtained.
- I will submit an approved completed physical form and mantoux testing results as part of my pre-employment hiring.
- I will become familiar with and abide by all NYS OCFS School Age Regulations.

Signature of Applicant _____ Date _____

Interviewed By _____ Date _____