

Job Application
Senior Services of Albany
32 Essex Street, Albany, NY 12206
518-465-3322

Senior Services of Albany is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application must be filled out completely in order for you to be considered for a job with Senior Service of Albany. If you do not fully understand the questions and you need some assistance, please go to 32 Essex Street, Albany and someone will help you. Please submit the completed application to Monika Boeckmann at 32 Essex Street, Albany or mboeckmann@seniorservicesofalbany.com

Applicant Information

Your Name	Today's Date:
Your Address	
Your Phone Number	
Email Address	
Driver's License	Date of Birth:

Employment Position

Please check the position or positions you are interested in:

- full time only part time only I would take a full or a part time position
- Meals on Wheels Driver (usually M-F, 8:30 till 1:30, must have clean driver's license)
- Transportation Driver (varied hours, must have clean driver's license)
- Activities Coordinator (usually M-F, between the hours of 8.30 till 4:30)
- Kitchen Staff (usually M-F, 6:30 till 1:30, having a car is helpful but not necessary)
- Administrative Support Staff (usually M-F, between 8:30 and 4.30)
- Program Manager (usually M-F, between 8:30 and 5:00, having a car is highly desirable)
- Professional Position (usually M-F, between 8:30 and 5:00, having a car is necessary)
- Other please specify _____

How did you hear about this position?
If hired, on what date are you available to start
Do you have reliable transportation to and from work? <input type="checkbox"/> no <input type="checkbox"/> yes

Personal Information

Have you ever worked at Senior Services of Albany before? <input type="checkbox"/> yes <input type="checkbox"/> no	
If yes, when	
Do you have any friends, relatives or acquaintances working for Senior Services of Albany? <input type="checkbox"/> yes <input type="checkbox"/> no	
If yes, please state names and relationship:	
Are you 18 years or older <input type="checkbox"/> yes <input type="checkbox"/> no	Are you legally able to work in the US? <input type="checkbox"/> yes <input type="checkbox"/> no
Do you have any condition which would require job accommodations? <input type="checkbox"/> yes <input type="checkbox"/> no	
If yes, please describe accommodations required. *	
Have you ever been convicted of a criminal offense ?** <input type="checkbox"/> yes <input type="checkbox"/> no	
If yes, please state the nature of the crime(s), when and where.	

* Senior Services of Albany complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions.

** No applicant will be denied employment solely on the ground of conviction of a criminal offense. The date of the offense, the nature of the offense, the surrounding circumstances and the relevance of the offense to the position applies for may, however, be considered.

Job skills and Qualifications

Please list the skills and qualifications you have for the position for which you are applying:

Education and Training

High School

Name	Location (city, state)	Year Graduated	Degree Earned

College/University

Name	Location (city, state)	Year Graduated	Degree Earned

Vocational School /Specialized Training

Name	Location (city, state)	Year Graduated	Degree Earned

Military:

Are you a member of the Armed Services? yes no

If yes, what military skills do you possess that would be an asset for this position? _____

Previous Employment:

Employer:	Job Title:
Employer Address:	Supervisor Name and Phone Number:
	Can we contact him/her? <input type="checkbox"/> yes <input type="checkbox"/> no
Dates Employed:	Reason for leaving

Employer:	Job Title:
Employer Address:	Supervisor Name and Phone Number:
	Can we contact him/her? <input type="checkbox"/> yes <input type="checkbox"/> no
Dates Employed:	Reason for leaving

Employer:	Job Title:
Employer Address:	Supervisor Name and Phone Number: Can we contact him/her? <input type="checkbox"/> yes <input type="checkbox"/> no
Dates Employed:	Reason for leaving

References

Please provide 2 personal references

Name	Email or phone number	Relationship

Please provide 3 professional references

Name	Email or phone number	Relationship

At-Will Employment

The relationship between you and Senior Services of Albany is referred to as “employment at will”. This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice by you or Senior Services of Albany. No representative of Senior Services of Albany has the authority to enter into any agreement contrary to the foregoing “employee at will” relationship.

I certify that answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview may result in withdrawal of an offer of employment, or if subsequent to employment, may result in dismissal.

I understand that this employment application is not to be construed as a guarantee of employment.

I authorize Senior Services of Albany to check references with former employers (unless otherwise indicated) as well as the personal and professional references I have listed.

Signature of Applicant

Date