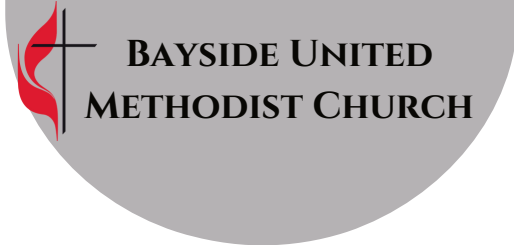


BAYSIDE VBS APPLICATION FORM



DATE OF APPLICATION: _____

PERSONAL INFORMATION

NAME:	
DATE OF BIRTH: (MM/DD/YYYY)	
ADDRESS:	
PHONE NUMBER:	
EMAIL:	
POSITION:	EMPLOYMENT TYPE: <input type="radio"/> Part-Time 8am-12pm 12pm-6pm <input type="radio"/> Full-Time 9am-6pm <input type="radio"/> Other

EDUCATION

HIGH SCHOOL:	GRADUATION YEAR:
ADDRESS:	
EXTRACURRICULARS:	
COLLEGE:	GRADUATION YEAR:
ADDRESS:	MAJOR:
EXTRACURRICULARS:	

WORK EXPERIENCE

EMPLOYER:	POSITION:
ADDRESS:	
DATES EMPLOYED FROM: TO:	SUPERVISOR
	SUPERVISOR PHONE #

WORK EXPERIENCE

EMPLOYER:		POSITION:
ADDRESS:		
DATES EMPLOYED FROM: TO:	SUPERVISOR	SUPERVISOR PHONE #

EMPLOYER:		POSITION:
ADDRESS:		
DATES EMPLOYED FROM: TO:	SUPERVISOR	SUPERVISOR PHONE #

REFERENCES

NAME	PHONE NUMBER
RELATIONSHIP	

NAME	PHONE NUMBER
RELATIONSHIP	

EXTRACURRICULARS / CERTIFICATIONS / SKILLS

LIST ANY EXTRACURRICULAR ACTIVITIES, CERTIFICATIONS, AND OR SPECIAL SKILLS YOU MAY HAVE:

CONVICTION RECORD

HAVE YOU EVER BEEN CONVICTED OF A CRIME?

YES

NO

IF YES STATE DATE AND DETAILS

HAVE YOU EVER BEEN INVESTIGATED, ARRESTED, OR CONVICTED OF CHILD ABUSE, NEGLECT, OR RELATED CHARGES?

YES

NO

HAVE YOU EVER BEEN CONVICTED OR CHARGED WITH A DRUG OR ALCOHOL CHARGE?

YES

NO

ALL APPLICANTS ARE SUBJECT TO A BACKGROUND CHECK

CONTINUED

PERMISSION TO WORK

IF EMPLOYMENT IS OFFERED, CAN YOU PRODUCE IDENTIFICATION SUCH AS A U.S. PASSPORT, A DRIVER'S LICENSE OR PHOTOGRAPHIC IDENTIFICATION CARD ISSUED BY THE STATE?

YES

NO

IF EMPLOYMENT IS OFFERED, CAN YOU SUBMIT A BIRTH CERTIFICATE, SOCIAL SECURITY CARD, CERTIFICATE OF U.S. CITIZENSHIP OR VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S.? YES NO
EMERGENCY NOTIFICATION DESIGNATION

YES

NO

EMERGENCY CONTACT

PERSON TO NOTIFY IN CASE OF EMERGENCY:

RELATIONSHIP:

PHONE NUMBER:

HEALTH INFORMATION

DO YOU HAVE ANY ALLERGIES?

YES

NO

IF YOU CHECKED YES, PLEASE STATE ALLERGEN: _____

DO YOU HAVE ANY MEDICAL CONDITIONS THAT SHOULD BE DISCLOSED?

YES

NO

IF YOU CHECKED YES, PLEASE STATE CONDITION: _____

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. I authorize a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons and corporations requesting or supplying information. I hereby agree to submit to any lawful drug, integrity, skills testing that may be required as a condition of employment or continued employment and understand that unless otherwise prohibited by law, refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge. I further agree to submit to search of my person or of any locker or work area that may be assigned to me, and I hereby waive all claims for damages on account of such examination. I understand that this application is valid 90 days; I will reapply after that time if I am still interested in employment. I also understand that my employment is terminable-at-will, and that this application is not, and is not intended to be, a contract for continued employment.

SIGNATURE: _____