

EDUCATION

SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE	DEGREE OR DIPLOMA
ELEMENTARY				<input type="checkbox"/> Yes <input type="checkbox"/> No	
HIGH SCHOOL				<input type="checkbox"/> Yes <input type="checkbox"/> No	
BUSINESS/TRADE/TECH				<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE				<input type="checkbox"/> Yes <input type="checkbox"/> No	
GRADUATE				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Experience – Beginning with your most recent employment and working backward consecutively to your first one, use an additional sheet of paper if necessary. Include Part Time and Full Time Work.

Employer	Dates Employed		Work Performed
	From	To	
	Mo. Yr.	Mo. Yr.	_____
Complete Address			_____
Telephone Number	Job Title	Supervisor	_____
Reason for Leaving			_____
Employer	Dates Employed		Work Performed
	From	To	
	Mo. Yr.	Mo. Yr.	_____
Complete Address			_____
Telephone Number	Job Title	Supervisor	_____
Reason for Leaving			_____
Employer	Dates Employed		Work Performed
	From	To	
	Mo. Yr.	Mo. Yr.	_____
Complete Address			_____
Telephone Number	Job Title	Supervisor	_____
Reason for Leaving			_____

REFERENCES

Please provide the name, complete address, and phone number of three people **not related to you** that you have known for at least one year. Applications with

1.	_____ Name	_____ Relationship to Applicant	_____ Telephone Number
	_____ Complete Street Address	_____ City	_____ State / Zip
2.	_____ Name	_____ Relationship to Applicant	_____ Telephone Number
	_____ Complete Street Address	_____ City	_____ State / Zip
3.	_____ Name	_____ Relationship to Applicant	_____ Telephone Number
	_____ Complete Street Address	_____ City	_____ State / Zip

How did you hear about this facility? Newspaper Radio Current Employee Other _____

QHM Employee Referral: _____
Employee Name Making Referral

SPECIALIZED SKILLS

Equipment <input type="checkbox"/> Computers <input type="checkbox"/> Network <input type="checkbox"/> Other _____	Computer Software Skills <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> Access <input type="checkbox"/> Publisher <input type="checkbox"/> Web Designing <input type="checkbox"/> Other _____	Foreign Language <input type="checkbox"/> Italian <input type="checkbox"/> Polish <input type="checkbox"/> French <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Other Skills _____		

OTHER INFORMATION

Please state any information you feel may be helpful to us in considering your application:

Quaker Hill Manor
419 N Quaker Lane, Hyde Park, NY 12538
(845) 229-9177

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I understand that, unless otherwise defined by applicable law, any employment relationship with the organization is of an **“at will”** nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this **“at will”** employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand this application will be active for a period of three (3) months; after that time if I wish to be considered for employment, I must submit a new application.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Signature of Applicant

Date