3260 N. 7th St. Allegany, NY 14760 Date of Application:_____

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other status legally protected by federal, state, or local law.

Please read carefully and complete in permanent ink or by typing. Please complete all questions, as incomplete applications will not be accepted. Field of Dreams will keep an application on file for a period of 1 Year. You are welcome to reapply at that time.

Application for Employment

Upon reviewing qualifications and formal hire, applicants may perform work at any of these locations:
Field of Dreams 3260N. 7th St. Allegany, NY 14760

Name: (Last)	(First)	(M.I.)
Address: (Street or P.O. Box)		
City:	**State**:	**Zip**:
Phone: Home( )	Cell ( )	Work ( )

Preferred method of contact:

Position Sought: □ Environmental Services/Housekeeping □ Food Services/Dietary
□ Nursing/LPN, RN, Aide □ Maintenance
□ Clerical/Administrative □ Other(Specify):_____

Type of Employment Desired: □ Full-time □ Part-time □ Per-diem □ Seasonal/Temporary □ Internship

How were you referred to us? □ Website □ Radio/Television □ Newspaper □ Online Jobsite □ Other
□ Walk-In □ Employee Referral(Name):_____

Were you previously employed byField of dreams, Inc.? □ **Yes** □ **No**

If Yes, From:_____To:_____ Location:_____

If you are a minor, can you produce the work certificate necessary to obtain employment? □ **Yes** □ **No**

Are you able, at the time of employment, to provide verification of your legal right to work in the United States? □ **Yes** □ **No**

Have you ever been convicted of a felony? □ **Yes** □ **No**

Note: This question does not apply to convictions that have been expunged, sealed, pardoned, or otherwise exonerated or eradicated. (A conviction record will not necessarily be a bar to employment. A conviction that is substantially related to the functions or qualifications of the position(s) for which you are applying may be taken into consideration.)

If Yes, please describe fully the criminal conviction(s), listing nature of offense(s):

Will you work overtime if required? □ Yes □ No	**Whats shifts are you available?** 1□ 2□ 3□
Will you travel if the job requires it? □ Yes □ No **Will you relocate if the job requires it?** □ Yes □ No	**Can you work weekends and holidays?** □ Yes □ No If **No**, please explain why:

Employment Record

Starting with present or most recent, list all previous employers. Include seasonal and temporary jobs. You may submit a resume but the application still needs to be completed. If you need more space, attach a separate piece of paper.

Last or Present Employer:			**Title or Job Classification:**
Type of Business:	**Phone No. ( )**		**Brief Description of Job Duties:**
City:	**State:**	**Zip:**	
Supervisor's Name:	**Phone No. ( )**		
Salary:	**Dates of Employment:**		
Reason for Leaving:			**May we contact for employment reference? □ Yes □ No** **If No, why not?(explain)**

Last or Present Employer:			**Title or Job Classification:**
Type of Business:	**Phone No. ( )**		**Brief Description of Job Duties:**
City:	**State:**	**Zip:**	
Supervisor's Name:	**Phone No. ( )**		
Salary:	**Dates of Employment:**		
Reason for Leaving:			**May we contact for employment reference? □ Yes □ No** **If No, why not?(explain)**

Last or Present Employer:			**Title or Job Classification:**
Type of Business:	**Phone No. ( )**		**Brief Description of Job Duties:**
City:	**State:**	**Zip:**	
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Salary:	**Dates of Employment:**		
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Type of Business:	**Phone No. ( )**		**Brief Description of Job Duties:**
City:	**State:**	**Zip:**	
Supervisor's Name:	**Phone No. ( )**		
Salary:	**Dates of Employment:**		
Reason for Leaving:			**May we contact for employment reference? □ Yes □ No** **If No, why not?(explain)**

Education

School Attended & Physical Address	No. of Years Completed	Degree or Certificate Earned	Major/Minor	G.P.A.
1.				
2.				
3.				
4.				

Special Skills

To be completed by applicant if relevant to position being sought.

Professional License:
Type:
State:
Expiration:
Status □ Active □ Inactive

Certified Nursing Assistant:
Have you completed NY approved nursing assistant training?
Certification Number:_____

Clerical:
Typing □ Yes □ No Words per minute:_____

Computer Skills □ Hardware □ Software

Please elaborate:_____
_____
_____
_____
_____

Maintenance:

HVAC □ Yes □ No
Plumbing □ Yes □ No
Electrical □ Yes □ No

Other mechanical skills:_____
_____
_____
_____

Driver/Transportation, Security, Maintenance, or possible future use of company vehicles:

Driver's License Number _____

Expiration Date _____

State _____

Accomplishments

List special accomplishments, publications and awards.
(Exclude memberships which would reveal race, color, age, religion, creed, gender, national origin, disability, marital or veteran status or any other status legally protected by federal, state, or local law).

1.
2.
3.
4.
5.

Affiliations

List professional, trade, business, and civic association affiliations and offices held.
(Exclude memberships which would reveal race, color, age, religion, creed, gender, national origin, disability, marital or veteran status or any other status legally protected by federal, state, or local law).

1.
2.
3.
4.
5.

References

Give Name, Address, and Telephone Numbers of at least three references who are qualified to evaluate your capabilities and who are not related to you.

1.
2.
3.

Applicant's Certification

I hereby authorize Field of Dreams' application and/or resume to the extent permitted by federal, state or local law. To the extent permitted by federal, state or local law, I release all parties from any liability arising out of this provision and the use of such information.

I certify that the above information is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation or omission of information on this form relating to my application of employment may result in my denial of employment, or if employed, my immediate dismissal.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. You may use this authority to check references with former employers I have listed, unless otherwise indicated, as well as the personal references listed.

*Signed:*_____ *Dated:*_____