

**EAST HOUSE**  
**Employment Application**  
1701 Lac De Ville Blvd.  
Rochester, NY 14618

**Equal Employment Opportunity Policy**

East House Corporation is committed to providing the highest quality of professional services and assuring that all qualified individuals are afforded an equal opportunity to participate in the activities of the agency both as volunteers and as employees. East House Corporation does not discriminate in employment with regard to age, color, disabilities, gender, marital status, national origin, race, religion, sexual orientation or veteran status.

**PLEASE PRINT**

**I. Personal Information**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Last                                  First                                  Middle

Address: \_\_\_\_\_  
Street                                  City                                  State                                  Zip

Phone No.: \_\_\_\_\_ Referred by: \_\_\_\_\_

Most East House positions require that employees meet agency driver qualifications for use of an agency or personal vehicle for work.

Do you have a valid NYS Driver's license?  Yes  No

Do you own a car?  Yes  No

Is your car available for use at work?  Yes  No

Have you had traffic violations resulting in 6 or more points in a 24 month period; 2 or more chargeable accidents within a 36 month period; or a conviction for DWI/DWAI within the past 5 years?  Yes  No

Have you ever been convicted of a misdemeanor or felony crime?  Yes  No

If yes, please describe: \_\_\_\_\_

**II. Employment desired:**

Mental Health Independent Living Program

Career Services

Mental Health Community Residence Program

Administrative & Support Services

Crossroads Community Residence Program (Chemical Dependency)

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_

Wage Rate/Salary Desired: \_\_\_\_\_

Days & hours you are available to work: \_\_\_\_\_

Are you employed now?  Yes  No Title: \_\_\_\_\_

If yes, may we contact your present employer?  Yes  No

Name of Company: \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

**III. Education/Training:**

	Name and location of schools	Years Attended	Date Graduated	Major(s)
High School				
College(s)				
Other				

Do you speak a foreign language fluently?  Yes  No  
 Can you read/write any foreign language(s)?  Yes  No  
 Do you possess skills in manual communication with deaf and hearing impaired?  Yes  No

**Employment:**

List below your last four employers, with your current one first:

Date Month & Year	Employer	Supervisor	Wage Rate/ Salary	Position & Hours per week	Reason for Leaving
From:		Name			
To:		Phone #			
From:		Name			
To:		Phone #			
From:		Name			
To:		Phone #			
From:		Name			
To:		Phone #			

Other relevant experience (e.g.: volunteer work): \_\_\_\_\_  
 \_\_\_\_\_

**Physical Condition:** Describe any physical/emotional or other limitations that would limit or interfere with your work performance: \_\_\_\_\_  
 \_\_\_\_\_

**Career Goals:** Please describe: \_\_\_\_\_  
 \_\_\_\_\_

Reason interested in East House and field of mental health/chemical dependency rehabilitation:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I authorize investigation of all statements contained in this application, including information on my character, reputation, work habits, performance, drivers record, criminal history and verification of information provided on this employment application and interview. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time and without previous notice.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Do not write below this box**

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_