

CHILDREN'S HOME OF JEFFERSON COUNTY
1704 STATE STREET - WATERTOWN, NEW YORK 13601 (315) 788-7430

The Children's Home of Jefferson County is an Equal Opportunity Employer. All applicants are considered for employment without regard to race, creed, color, national origin, religion, gender, age, marital status, veteran status, citizenship status, sexual orientation, disability and any other legally protected groups. Applicants who desire accommodation in completing this form are invited to discuss their needs with the Human Resource Director. Print your answers clearly in ink. Fill in all spaces. If an item does not apply, write "N/A". This application form will not be considered if not fully completed by the applicant. This application form will be considered current for six months from this date. After that time, if you wish to be considered for employment, you must submit a new application form.

APPLICATION FOR EMPLOYMENT

Today's Date: _____

Name of Applicant: (Last) _____ (First) _____ (Middle) _____

Current Address: (Number and Street) _____ (City) _____ (State) _____ (Zip Code) _____

Last previous address (If at present address less than two years) _____

Area Code & Telephone Number _____ E-mail Address _____ Social Security Number _____

Are you 18 years of age? _____ If under 18, do you have working papers? _____

Do you have the legal right to work in the United States? YES NO (If hired, proof of status is required.)

Have you ever been convicted of a crime in a civilian or military court or do you have an arrest or charges pending that have not been resolved in your favor? YES NO If "yes", give details: _____

(Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.)

Have you ever been the subject of a child abuse, maltreatment or neglect report? YES NO If "yes", explain: _____

Have you ever applied to or been employed by this organization? _____ If yes, when? _____

What brought you to this organization? _____ Newspaper Ad _____ School _____ On My Own _____ Other Source
_____ NYS Employment Office _____ Internet/Website _____ Friend/Employee (State Name) _____

Position Desired: _____ Salary Desired: _____

Check all that apply: Are you available to work _____ week days? _____ weekends? _____ overtime? _____ evenings?
_____ midnight to 8:00 a.m. shifts? _____ summers? _____ year round? _____ double shifts?

Circle Employment Desired: Full-Time / Part-time / Summer Only Date available for work: _____

Do you have a valid **New York State** Driver's license? YES NO _____
License Number _____ Expiration Date _____

Are there any aspects of the job for which you are applying that you are unable to accomplish with or without reasonable accommodations? YES NO If yes, what are they? _____

Is there any additional information relative to change of name, use of assumed name or nickname necessary to enable a check on your record? YES NO If yes, explain: _____

EMPLOYMENT HISTORY: List all employment for the past ten (10) years indicating the most recent employer first. **You must complete this section in its entirety even though you may have a resume.** Your application will not be considered unless every question in this section is answered.

Employer's Name:	Employment Dates:
Employer's Address:	Job Title:
Type of Business:	Major Duties:
Supervisor's Name:	Salary: Starting: Ending:
Supervisor's Title:	May we contact?
Area Code & Telephone No:	Reason for leaving:

Employer's Name:	Employment Dates:
Employer's Address:	Job Title:
Type of Business:	Major Duties:
Supervisor's Name:	Salary: Starting: Ending:
Supervisor's Title:	May we contact?
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Employer's Name:	Employment Dates:
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Type of Business:	Major Duties:
Supervisor's Name:	Salary: Starting: Ending:
Supervisor's Title:	May we contact?
Area Code & Telephone No:	Reason for leaving:

If we **cannot** contact any of the employers listed above, please indicate reason:

Account for all periods of unemployment longer than three (3) months:

If you are currently employed, why do you wish to change jobs?

LIST FRIENDS OR RELATIVES WHO WORK FOR THE CHILDREN'S HOME:

Name of Friend or Relative	Relationship to Applicant	How Long Known
1.		
2.		
3.		

PERSONAL REFERENCES: List three (3) business people, professionals or other persons who are **NOT** relatives, former employers or employees of the Children's Home of Jefferson County.

Name and Address	Telephone Number	How Long Known
1.		
2.		
3.		

EDUCATION	FULL NAME & COMPLETE ADDRESS OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	NAME OF DEGREE OR DIPLOMA RECEIVED
High School				YES NO	
College				YES NO	
Other (Specify)				YES NO	

Are you still in school? _____ If yes, where? _____
 How many courses are you taking currently? _____ Number of credits: _____
 What is the course of study: _____
 What languages do you speak fluently? _____ Read? _____ Write? _____

List any additional work experience, training, skills, information, licenses, certifications, professional memberships, community service, awards, special study or research work relating to the position for which you are applying:

COMPUTER EXPERIENCE: List all the computer programs you are proficient in below:

U.S. MILITARY SERVICE:

Branch of Service: _____
 Dates of Duty: _____ Rank: _____
 Indicate duties and special training: _____

Write a paragraph explaining why you feel you would be an asset to the Children's Home.

IMPORTANT: PLEASE READ OVER CAREFULLY BEFORE SIGNING.

I certify that the information provided on this application form (and accompanying resume, if any) is true and complete to the best of my knowledge. I understand that any false or misleading information or significant omission shall be sufficient cause for rejection and, if employed, immediate dismissal. I hereby authorize release of any information regarding any criminal convictions that may exist against me, and ask my former employer(s) and all other persons named in this application (and accompanying resume, if any) who might have information concerning me, to give any information regarding my former employment or any other information they may have regarding me whether or not the same is a matter of record, and hereby release each of them from any liability for any damage whatsoever which I could or might claim because of such disclosure.

I understand that completion of this application form does not indicate that there are positions open and does not in any way obligate the Children's Home of Jefferson County. I understand that this application form is not a contract of employment. I further understand that federal law prohibits the employment of unauthorized aliens and that all persons hired must submit satisfactory proof of employment authorization and identity and that failure to submit such proof will result in denial of employment. If employed, I agree to abide by and observe all rules and regulations of the Children's Home of Jefferson County. I further understand and agree that any such future employment is terminable by either party at-will, with or without notice or cause.

As a condition of employment, I accept the principle that the welfare of the agency depends on the conduct and honesty of its employees and upon the trust and confidence of the public. Our customers rightly expect honesty, security and confidentiality in their affairs, I therefore agree to give no unauthorized information relative to the accounts of the agency or its relations to others, and to discuss no matters of a confidential nature relating to the agency's affairs unless such discussion is in the necessary course of the agency's business and is in accordance with agency policy. I also agree to inform the management of the agency without delay of any fraud, false entry, substantial error, embezzlement or employee misconduct and to report any transaction or matter that seems damaging to the agency. I acknowledge and understand that any violation of this agreement may result in the termination of my employment. No person other than the Executive Director of the Children's Home of Jefferson County may modify or amend the provisions stated above. My signature certifies that I have read and agree with the above statements.

Print Name

Signature

Date Signed

Note: If you need additional space to properly answer any of the questions on this application form, attach a separate sheet. Check this box if a separate sheet is attached

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APPLICANT INFORMATION RECORD

Affirmative Action Data. For Human Resources Department Use Only.

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List Position(s) Applying For: _____
Position Date Applied

Referral Source: _____ Newspaper Advertisement
_____ School
_____ On My Own /Walk-In
_____ New York State Employment Office
_____ Internet/Website
_____ Friend/Employee Referral (State Name) _____
_____ Other: _____

Check One: _____ Male _____ Female

Check One: _____ White
_____ African American
_____ Hispanic/Latino
_____ American Indian/Alaskan Native
_____ Asian American/Pacific Islander

Check any of the following that are applicable:

_____ Disabled _____ Vietnam Era Veteran _____ Other Eligible Veteran

Dated: 7-1-08