



# APPLICATION FOR EMPLOYMENT

**P. O. Box 6550 - WATERTOWN, NEW YORK 13601 (315) 788-7430**

The Children’s Home of Jefferson County (CHJC) 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.

Today’s Date: \_\_\_\_\_

\_\_\_\_\_  
Name of Applicant: (Last) (First) (Middle)

\_\_\_\_\_  
Nicknames, Maiden or Alias: Email Address:

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

\_\_\_\_\_  
Last previous address (If at present address less than two years) Phone (including Area Code)

Are you at least 21 years of age? (Yes or no) \_\_\_\_\_

Are you legally eligible for employment in the United States?  Yes  NO (*Employment eligibility will be verified upon employment*)

Have you been convicted of and/or plead guilty to a felony or misdemeanor in the past (7) years?  YES  NO

If “yes”, give details:

\_\_\_\_\_  
(Conviction of a crime is not an automatic bar to employment. All circumstances will be considered under NY Correction Law Article 23A/Attached.)

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 (optional): \_\_\_\_\_

**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?

Employment Desired:  Full-Time  Part-time  Summer Only Date available for work: \_\_\_\_\_

Do you have a valid **New York State** Driver's license? Y:  N:

**Title I of the Americans with Disabilities Act of 1990 prohibits private employers, state and local governments, employment agencies and labor unions from discriminating against qualified individuals with disabilities in job application procedures.**

**Americans with Disabilities Act Clarification:** If a job description has been provided, will you be able to perform the essential job functions for the position you are applying without reasonable accommodation? (yes or no)

If an accommodation is needed please specify: \_\_\_\_\_

**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:	Other Titles Held:
Supervisor's Title:	May we contact? Y N Email:
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:	Other Titles Held:
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Employer's Address:	Job Title:
Type of Business:	Major Duties:
Supervisor's Name:	Other Titles Held:
Supervisor's Title:	May we contact? Y N Email:
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: \_\_\_\_\_

**LIST ANY FRIENDS OR RELATIVES WHO WORK FOR CHJC:**

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 CHJC.

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					
College					
Other (Specify)					

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: \_\_\_\_\_

**Conviction Status Record**

All applicants and employees must, as a condition of employment, inform the agency of all convictions. This includes all convictions received within the past seven years, while your application for employment is pending, and within seven days of receiving a conviction if currently employed. CHJC follows all guidelines of NY Correction Law Article 23A which is attached to this application.

Have you been convicted of, and/or plead guilty to, a felony or misdemeanor in the past seven years?     Yes     No

If you answered 'yes' and have been convicted of a felony or misdemeanor, please provide additional information below, such as the crime(s), date(s), court location, sentencing information, disposition of sentence, and rehabilitation completed. Please note that a 'yes' answer to this question does not necessarily disqualify an applicant from employment. All factors outlined in NY Correction Law Article 23A will be taken into account include the nature of the conviction as it relates to the job applied for such as the amount of time that has elapsed since the conviction and/or completion of sentence, and the seriousness of the offense. The agency reserves the right to reject individuals for employment based on job-related convictions. As the subject individual, you have the right to obtain, review and seek correction of his or her criminal history information pursuant to rules and regulations established by the Division and the FBI.

Date of Offense	County and State in which Offense Occurred	Conviction/Explanation	Rehabilitation Completed

**Write a paragraph explaining why you feel you would be an asset to CHJC.**

Are you currently vaccinated for COVID-19?      Yes      No

**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 or made an offer, immediate dismissal. I hereby authorize release of any information regarding any criminal convictions that may exist against me, and ask my former employer(s), state or local governments 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, convictions, statewide central registry 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, and discrimination 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.

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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