



Human Services &  
Community-Based Programs

## 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 or immigration 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) \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number (including Area Code) \_\_\_\_\_

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

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

Position Desired: \_\_\_\_\_

Work Availability (check all that apply)

☐ weekdays ☐ weekends ☐ overtime ☐ evenings ☐ midnight to 8:00 a.m. ☐ Summer ☐ 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? (only required for positions requiring driving) Yes ☐ No ☐

Are you still in school? Yes ☐ No ☐ If yes, where? \_\_\_\_\_

How many courses are you taking currently? \_\_\_\_\_ Number of credits: \_\_\_\_\_

What is the course of study: \_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 ☐ No ☐

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

Education	Name Of School	Highest Level of Education Completed
Highschool		
College		
Other		

**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:	Employer's Phone Number:
Job Title:	Other Titles Held:
Supervisor's Name:	Supervisor's Email:
Supervisor's Telephone No:	Supervisor's Title
May we contact?	Reason for leaving:

Employer's Name:	Employment Dates:
Employer's Address:	Employer's Phone Number:
Job Title:	Other Titles Held:
Supervisor's Name:	Supervisor's Email:
Supervisor's Telephone No:	Supervisor's Title
May we contact?	Reason for leaving:

Employer's Name:	Employment Dates:
Employer's Address:	Employer's Phone Number:
Job Title:	Other Titles Held:
Supervisor's Name:	Supervisor's Email:
Supervisor's Telephone No:	Supervisor's Title
May we contact?	Reason for leaving:

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

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

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**PERSONAL REFERENCES:** List three personal references. They may be former employers, employees of CHJC, or family friends.

Name	Email Address	Phone Number	Years Known

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

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

**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