

APPLICATION FOR EMPLOYMENT

P.O. Box 6550 – Watertown, New York 13601 – 315-788-7430

Today's Date

The Children's Home of Jefferson County (CHJC) is an Equal Opportunity Employer. All applicants are considered for employment without regard to race, color, religion, creed, sex, pregnancy, gender, gender identity or expression, sexual orientation, parental status, genetic information, political affiliation, weight, national origin, age, disability, marital status, military or veteran status, domestic violence victim status, hair texture or style, or any other protected classification under applicable federal, state, or local law. Applicants who desire an accommodation in completing this form are invited to discuss their needs with the Human Resources. 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.

Applicant Residence Information

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

Email Address Phone Number (Include Area Code)

Current Address: Number and Street City State Zip Code

Last Address (if at present address less than two years): Number and Street, City, State, Zip Code

	Weekdays	Weekends	Evenings	Overnights		
Position Desired	Work Availability (check all that apply)				Full-Time	Part-Time

Are you currently attending school? If so, which school? What field 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.



APPLICATION FOR EMPLOYMENT

P.O. Box 6550 – Watertown, New York 13601 – 315-788-7430

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 completely even if a resume has been submitted. Your application will not be considered unless every question in this section has been answered.

	From	To
Employer's Name		Employment Dates
Employer's Address		Employer's Phone #
Job Title Supervisor's		Other Titles Held
Name Supervisor's		Supervisor's Title
Phone # May we		Supervisor's Email
contact?	Yes	No
		Reason for leaving

	From	To
Employer's Name		Employment Dates
Employer's Address		Employer's Phone #
Job Title Supervisor's		Other Titles Held
Name Supervisor's		Supervisor's Title
Phone # May we		Supervisor's Email
contact?	Yes	No
		Reason for leaving

	From	To
Employer's Name		Employment Dates
Employer's Address		Employer's Phone #
Job Title		Other Titles Held
Supervisor's Name		Supervisor's Title
Supervisor's Phone #		Supervisor's Email
May we contact?	Yes	No
		Reason for leaving

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

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

Safety & Permanency – Respect & Compassion – Integrity – Excellence - Stewardship



APPLICATION FOR EMPLOYMENT

P.O. Box 6550 – Watertown, New York 13601 – 315-788-7430

PERSONAL REFERENCES

List three personal references. They may be from former employers, employees of CHJC, or family friends.

Name	Email Address	Phone Number	Years Known
------	---------------	--------------	-------------

1.

2.

3.

LIST ANY FRIENDS OR RELATIVES WHO WORK FOR CHJC

Name of Friend or Relative	Relationship to Applicant	Years Known
----------------------------	---------------------------	-------------

1.

2.

I certify that the information I have provided on this application and any accompanying materials, including my resume if submitted, is true, accurate, and complete to the best of my knowledge. I understand that any false, misleading, or incomplete information or material omission may result in the rejection of this application or, if I am hired, termination of employment.

I understand that any criminal background inquiry, if applicable to the position, will be conducted only after a conditional offer of employment and in accordance with New York State law.

I understand that submission of this application does not indicate that positions are available and does not obligate the Children's Home of Jefferson County ("CHJC") in any way. I further understand that this application does not constitute a contract of employment.

I acknowledge that federal law prohibits the employment of individuals who are not authorized to work in the United States and that, if hired, I must provide satisfactory proof of employment authorization and identity as required by law. Failure to provide such documentation will result in denial or termination of employment.

If employed, I agree to comply with all rules, policies, and procedures of CHJC. I understand and agree that any offer of employment is on an at will basis and that either CHJC or I may terminate the employment relationship at any time, with or without notice or cause.

As a condition of employment, I acknowledge that the success and reputation of CHJC depend upon the honesty, integrity, and conduct of its employees. I agree to protect the confidentiality of CHJC's operations and records and to refrain from disclosing confidential or proprietary information except as required in the course of agency business and in accordance with CHJC policy.

I further agree to promptly report to management any known or suspected fraud, falsification of records, significant error, theft, discrimination, misconduct, or other activity that may be harmful to the agency. I understand that violation of these expectations may result in disciplinary action, including termination of employment.

My signature below confirms that I have read, understand, and agree to the statements contained in this application.

Print Name

Sign Name

Date Signed

Safety & Permanency – Respect & Compassion – Integrity – Excellence – Stewardship