

Main Office:
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Finger Lakes

35th Anniversary

Help that works... Hope that lasts...

APPLICATION FOR EMPLOYMENT

Please print and answer all questions clearly.

Date of Application _____

Personal Information

Name _____
last first middle

Address _____
street city state ZIP

Previous address if current address is less than three (3) years: _____

Email: _____

Telephone: (____) _____ (____) _____ May we contact you at work? YES NO

Have you filed an application with us before? YES NO If "yes", give date _____

Have you ever been employed here before? YES NO

If yes, give dates: _____ to _____ Position held _____

How did you learn about our organization? _____

If Employee Referral; Name of Employee _____

Are you legally eligible for employment in the USA? YES NO

Proof of identity and employment eligibility will be required upon employment

American with Disabilities Act clarification: If a job description has been provided with or without reasonable accommodation, can you perform the essential job functions for the position you have applied for? YES NO

All applicants will be required to complete a Criminal History Disclosure Form (A20) after the initial interview.

All applicants who will have regular and substantial unsupervised or unrestricted physical contact with people receiving services will be required to comply to criminal history record checks and/or fingerprinting and/or New York State Central Registry check.

EMPLOYMENT DATA

Position applying for _____

Expected rate of pay \$ _____

List other positions you may be qualified for _____

Are you currently working? YES NO On what date would you be available to work? _____

Are you available to work (check all that apply) Full Time Part Time Per Diem / Relief

Check all shifts you can and are willing to work: Day Evening Overnight
 Weekend Holidays

Are you able to travel if the job requires it? YES NO If yes, are there limitations? Explain: _____

Other name(s) under which employment or education may be verified: _____

EMPLOYMENT HISTORY

Start with your present or last job. Include any job-related volunteer activities, summer and cooperative education assignments. Please account for all time for at least the past seven (7) years. (Résumés may not be used as a substitute.)

1.

Employer	Telephone Number ()	Dates Employed
Address		Summarize your job responsibilities
Job Title		
Immediate Supervisor and Title		
Reason for Leaving		

2.

Employer	Telephone Number ()	Dates Employed
Address		Summarize your job responsibilities
Job Title		
Immediate Supervisor and Title		
Reason for Leaving		

3.

Employer	Telephone Number ()	Dates Employed
Address	Summarize your job responsibilities	
Job Title		
Immediate Supervisor and Title		
Reason for Leaving		

4.

Employer	Telephone Number ()	Dates Employed
Address	Summarize your job responsibilities	
Job Title		
Immediate Supervisor and Title		
Reason for Leaving		

Explain any gaps in your employment: _____

EDUCATION AND TRAINING

	Name and Location of School	Graduated (YES / NO)	Major	GED / Diploma / Degree
High School				
College				
Graduate School				
Trade, Business, Correspondence				

Academic honors or special recognition: _____

Please list any special training or skills you have acquired which might aid in the performance of duties for the applied-for position: _____

Do you have any previous experience as an employee, volunteer or certified provider with any other human services provider not already identified in your employment history? YES NO

If "yes", please explain: _____

REFERENCES

List two personal references who can attest to your character, reputation and personal qualifications, who are not related or have a close relationship to you:

	<u>Name</u>	<u>E-Mail or Mailing Address</u>	<u>Phone</u>	<u>Relationship</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

List two professional references who can attest to your quality of work:

	<u>Name</u>	<u>E-Mail or Mailing Address</u>	<u>Phone</u>	<u>Relationship</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Please state why you wish to become an employee of Catholic Charities of the Finger Lakes:

DRIVING HISTORY

Please complete this section only if the job for which you are applying requires a valid New York State driver's license and ability to drive a vehicle for job-related responsibilities.

Do you have a valid New York State driver's license? YES NO
(A learner permit does not qualify)

Do you have a car or access to a car? YES NO

A driving record check will be done on all applicants who are applying for a job that requires a valid driver's license. Certain violations or combinations of violations may disqualify applicants from applying for certain positions.

APPLICANT STATEMENT

I certify that all of the information furnished by me in this application is true and complete. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for immediate dismissal if discovered at a later date. I also understand I will be required to provide proof of citizenship and employment eligibility at the time of employment.

I agree and authorize Catholic Charities of the Finger Lakes to conduct a background inquiry to verify the information on this application, and I authorize all schools, previous employers, or other persons having knowledge of me or my records to release such information to Catholic Charities of the Finger Lakes.

I further understand, if I am selected as a finalist for any position within the agency, they will do an investigation of criminal convictions, which may include fingerprinting.

I hereby release those schools, employers, associations, agencies and persons, and Catholic Charities of the Finger Lakes from all claims and liability whatsoever that may arise out of such disclosure or such investigations.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated at any time without prior notice.

I have carefully read and understand the above statement.

Applicant's Signature _____ Date _____

<p><i>Catholic Charities of the Finger Lakes is an Equal Opportunity Employer. We do not discriminate on the basis of: race, color, creed, religion, gender, sex, sexual orientation, gender identity and/or expression thereof, national origin, citizenship status, age, disability, political beliefs, marital status, domestic violence victim status, genetic predisposition or carrier status, arrest record, military status or any other legally protected status or category, in accordance with applicable federal, state and local laws governing nondiscrimination in employment. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors</i></p>
