

St. John Bosco Child and Family Services
PO Box 349 Wallkill, NY 12589
(845) 256-8354 Fax (845) 778-1977
Email: jennifer.banks@stjohnboscocfs.org

Employment Application
 “We are an equal opportunity employment agency”

Name: _____ Date: _____

Current Address: _____

Permanent Address: _____

Home Phone Number: _____ Cell Phone: _____ Other Phone: _____

Are you under 18 years of age: _____

Position Applied For: _____

Check Availability: Full Time _____ Part Time _____ Awake Over-Night _____

Weekends _____ Most Preferred _____

Are there any times when you would not be available to work? _____

If employed, why do you wish to change your position? _____

Education

Circle number of years of school completed: 8 9 10 11 12 13 14 15 16 over 16

Name of High School: _____ High School Degree? Yes__ No__

Higher Education:

College, Univ. or School	Dates	Degree or Other Credits

Include College, Night School, Business and/or Graduate School/ University. All indicated licenses must be current and valid.

Please list additional experiences which you feel may be helpful in fulfilling the position you are applying for: _____

Elaborate on why you are seeking a position with the agency, and describe specifically what you can contribute to the children and the project.

I authorize the agency to investigate all matters contained in this application and agree that if, in the judgment of the agency, any misrepresentation has been made by me or the results of the agency investigation are not satisfactory, any offer, or employment by the agency, may be terminated immediately without obligation or liability other than for payment for services actually rendered.

Date _____ Signature _____

Tobacco Policy

I understand that St. John Bosco CFS is a tobacco-free facility. That means that tobacco may not be used, in any form, while on agency owned or leased property, or within view of such property or residents. Tobacco is considered contraband and may not be brought onto agency property. There may be no visible indications of tobacco usage including but not limited to cigarette odor, lighters, or empty containers. I understand that this policy is strictly enforced.

Signature _____

Have you ever served in the Armed Forces of the United States? Yes ___ No ___

Branch of Service _____ Date of Discharge _____

Work Experience

Please list the names of your present and/or previous employers in chronological order with present or last employer listed first. Account for all periods of time including any period of unemployment. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internship, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment.

Employer

Name	Address	Type of Business
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Telephone (____) ____ - _____ Dates Employed From ____/____/____ To ____/____/____

Job Title _____ Duties _____

Supervisor's Name _____ May we contact? • Yes • No If no why not? _____

Wages Start _____ Final _____ Reason for leaving _____

What will this employer say was the reason your employment was terminated? _____

How much notice did you give when resigning? If none, explain. _____

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How much notice did you give when resigning? If none, explain. _____

Please explain fully all gaps in your employment history in excess of one month.

Have you ever been terminated or asked to resign from any job? • Yes • No If Yes, how many times? _____
Has your employment ever been terminated by mutual agreement? • Yes • No If Yes, how many times? _____
Have you ever been given the choice to resign rather than be terminated? • Yes • No If Yes, How many times? _____

If you answered Yes to any of the above three questions, please explain the circumstances of each occasion.

I certify that the above represents the most recent employers. I authorize St. John's to obtain information about me from my previous employers. _____

Signature

Character References

List below three persons, not related to you, whom you have known at least one year. Please print accurately and clearly to assure return of reference checks.

Name	Address	City	State	Zip	Phone

Do you possess a valid NYS driver's license? Yes • No •

If no, explain: _____

Have you had a DWI or DWAI in the past 10 years? Yes • No •

Have you ever been convicted of a crime (felony or misdemeanor as defined under the New York State Penal Law or the equivalent under Federal law or laws or any other State)? Yes • No •

Are you presently subject to pending criminal charges? Yes • No •

If yes, please complete Criminal Background Disclosure Form.

Applicant Certification

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continues employment is contingent on possessing a valid driver's license for the state of New York.

I understand that the Company may now have, or may establish, a drug- free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If hired, I agree to conform to the rules and regulation of the Company, and I understand that the company has complete discretion to modify such rules and regulations at any time, except that it will not modify its policy of employment at-will.

I authorize the Company or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, or any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

I certify that all of the information that I have provided on this application is true, accurate and complete.

Applicant Signature _____ Date _____