



## Victims Assistance Center of Jefferson County, Inc.

418 Washington Street, Watertown NY 13601 – 315-782-1823



# APPLICATION FOR EMPLOYMENT

Please TYPE or PRINT clearly. *This application must be completed and signed personally by the applicant. If the applicant requires assistance to complete the application due to a disability, please inform a representative of our organization.* Each question must be answered in full. If the answer is "No" or "None" then indicate so. We appreciate your interest in our organization. This company subscribes to all Federal and State statutes that prohibit discrimination. We consider all applications for all positions without regard to race, color, religion, creed, gender, national origin, age disability, marital, veteran, or any other legally protected status or class.

### Name:

Last	First	Middle Initial	Social Security Number
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### Permanent Address:

City	State	Zip	Telephone Number
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1. Are you eighteen (18) years of age or older? ( ) yes ( ) no
2. Are you employed now? ( ) yes ( ) no  
If so, may we inquire of your present employer? ( ) yes ( ) no
3. Position applied for: \_\_\_\_\_ Rate of pay expected: \$ \_\_\_\_\_/wk
4. Other position(s) qualified for: \_\_\_\_\_
5. Are you legally eligible for employment in the United States? ( ) yes ( ) no
6. Check shift(s) you can work: ( ) Full Time ( ) Part Time ( ) Day ( ) Evening ( ) Night
7. Special Licenses or Certifications: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_
8. Have you ever been employed by this company? ( ) yes ( ) no
9. Americans 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
10. Education:  

Circle Highest Grade Completed:	<u>Grade School</u>	<u>High School</u>	<u>College</u>	<u>Graduate</u>
	1 2 3 4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4

High School: \_\_\_\_\_  

Name
Location

College: \_\_\_\_\_  

Name
Location

Other Graduate, Business or Vocational School, or Other Training Skills: \_\_\_\_\_  
 \_\_\_\_\_

Military Service Branch: \_\_\_\_\_ Years Served: \_\_\_\_\_ Rank: \_\_\_\_\_

## EMPLOYMENT RECORD (List most recent first)

Name of Company	Address	Phone
Dates of Employment: From _____ To _____		
Type of Business: _____		
Your Position/Title _____ Supervisor _____		
Reason for Leaving _____		
Briefly Describe Your Duties and Responsibilities: _____		

  

Name of Company	Address	Phone
Dates of Employment: From _____ To _____		
Type of Business: _____		
Your Position/Title _____ Supervisor _____		
Reason for Leaving _____		
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Name of Company	Address	Phone
Dates of Employment: From _____ To _____		
Type of Business: _____		
Your Position/Title _____ Supervisor _____		
Reason for Leaving _____		
Briefly Describe Your Duties and Responsibilities: _____		

Explain and give details of any period of unemployment longer than 30 days: (Use additional sheet if needed)

  

REFERENCES: (List Three Professional References)				
Name	Complete Address	Phone	Occupation	Years Known
Name	Complete Address	Phone	Occupation	Years Known
Name	Complete Address	Phone	Occupation	Years Known

I authorize investigation of any information provided on this application. I also authorize investigation of my employment record and references. I understand that any misrepresentation is cause for voiding this application or termination of employment if hired. 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 any prior notice.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

## ADDENDUM TO EMPLOYMENT APPLICATION

**Criminal Convictions:**

Applicants who are given an offer of employment will be required to complete a Criminal Conviction Inquiry Form and their offer of employment will be contingent on their completion of the form.

It is the policy of the Victims Assistance Center not to discriminate against applicants who have a criminal record (including sealed convictions). A criminal conviction does not result in an automatic disqualification. All applicants are examined on a case-by-case basis, considering a series of factors the Victims Assistance Center is required to review. For example, the Victims Assistance Center will take into consideration the specific duties and responsibilities of the position you are applying for, and the bearing, if any, the criminal conviction will have on your fitness or ability to perform one or more such duties or responsibilities.

*Failure to Disclose:* If you have been convicted of a crime, and you fail to disclose the conviction, the Victims Assistance Center reserves the right to terminate your employment should you in fact be hired. The Victims Assistance Center has hired many individuals with criminal convictions in the past. Please be honest about your criminal convictions so that your application can be properly assessed.

**Victims Assistance Center completes an extensive background check for all applicants:**

- New York State Central Registry
- Criminal Background Check with Fingerprinting
- New York State and National Sex Offender Registry
- Staff Exclusion List
- Agency Databases

## REFERENCE CHECK HOLD HARMLESS STATEMENT

I hold harmless any company or individual furnishing information regarding my employment or personal background that may be used in connection with this application for employment.

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment or furnished elsewhere, as may be necessary in arriving at an employment decision.

I understand that misrepresentation of any material fact may be cause for rejection of my application or termination of my employment.

I understand also that if employed I am required to abide by all rules and regulations of the company.

\_\_\_\_\_  
Applicant Name Print)

\_\_\_\_\_  
Applicant Acknowledgment (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Representative

\_\_\_\_\_  
Date

**I understand that employment with the Victims Assistance Center of Jefferson County, Inc is dependent upon the clearance of the below:**

- **New York State Central Registry**
- **Criminal Background Check with Fingerprinting**
- **New York State and National Sex Offender Registry**
- **Staff Exclusion List**
- **Agency Databases**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date