



**JOSEPH'S
HOUSE
& SHELTER**

74 Ferry Street ♦ Troy, New York 12180
(518) 272-2544 ♦ Fax: (518) 272-9370

APPLICATION FOR EMPLOYMENT

DATE: _____

PERSONAL INFORMATION

NAME:	SOCIAL SECURITY NUMBER:		
STREET:	CITY:	STATE:	ZIP CODE:
DAYTIME TELEPHONE:	EVENING TELEPHONE:		

EMPLOYMENT DESIRED

POSITION:	DATE YOU CAN START:	SALARY DESIRED:
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EDUCATION

	Name and Location of School	Years Attended	Graduate? Degree? Subjects Studied
HIGH SCHOOL			
COLLEGE			
OTHER			

SKILLS AND CERTIFICATIONS - Y/N & EXPIRATION DATE IF APPLICABLE

CPR	FIRST AID	CAC	CRISIS INTERVENTION	MED CERTIFICATION	OTHER	OTHER
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FORMER EMPLOYERS - LIST LAST THREE STARTING WITH MOST RECENT

FROM	TO	NAME AND ADDRESS	SUPERVISOR'S NAME & TELEPHONE	POSITION & SALARY	REASON FOR LEAVING

REFERENCES

LIST THE NAME & PHONE NUMBER OF 3 PEOPLE NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR

NAME	ADDRESS	PHONE	BUSINESS	YEARS KNOWN

Have you ever been convicted of a felony including, but not limited to, sexual abuse and/or molestation?

YES NO

Have you ever been convicted of any type of theft, fraud or violent crime?

YES NO

IMPORTANT NOTE: Conviction of a crime will not automatically disqualify you from consideration for employment, but will be considered as part of your overall evaluation of your qualifications.

AUTHORIZATION:

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the agency from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the agency has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized agency representative."

DATE: _____ SIGNATURE: _____

DO NOT WRITE BELOW THIS LINE - FOR AGENCY USE ONLY

INTERVIEWED BY: _____ DATE: _____

REFERENCE CHECKS AND OTHER NOTES:

HIRED: (Y/N) _____ POSITION: _____ START DATE: _____

SALARY/WAGES: _____ HOURLY BI-WEEKLY ANNUALLY