



5780 Brookside Circle
Lowville, NY 13367
(315) 376-9414

Employment Application
(Hand in Hand SACC Programs)

Position of: _____ ☐ Lowville Site ☐ South Lewis Site

Name: _____
(Last) (First) (Middle)

Date of Birth: _____ Social Security Number: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Please list any hobbies, skills and talents that you feel you possess that may be an asset to the programming aspect of the Hand in Hand SACC Programs:

Please list any training, certificates, etc. that may be relevant to the position that you are applying for:

I am also interested in working additional part-time hours at these other Hand in Hand programs on an as-needed basis:

- ☐ Lowville Before School Program Substitute *(Needed 6:30 AM – 8:30 AM)*
- ☐ Lowville and/or South Lewis After School Program Substitute *(Needed 2:00 PM - ~6:00 PM)*
- ☐ Lunch Break Assistant at Hand in Hand Early Childhood Center *(Needed 11:00 AM - ~1:30 PM)*

References

Applicants are required to submit three references, including at least one business reference. At least two references will be contacted as part of the hiring process.

**Business
Reference**

Name

Address

Phone

- ☐ 1. _____
- ☐ 2. _____
- ☐ 3. _____
-

Employment History

Please list all past employment, beginning with your current or most recent position. Describe each position separately, giving special attention to experience relating to the position for which you are applying.

Position: _____

Start Date: _____ End Date: _____

Employer: _____

Supervisor's Name: _____ Phone Number: _____

Duties: _____

Reason for Leaving: _____ Final Salary: \$ _____

Position: _____

Start Date: _____ End Date: _____

Employer: _____

Supervisor's Name: _____ Phone Number: _____

Duties: _____

Reason for Leaving: _____ Final Salary: \$ _____

Position: _____

Start Date: _____ End Date: _____

Employer: _____

Supervisor's Name: _____ Phone Number: _____

Duties: _____

Reason for Leaving: _____ Final Salary: \$ _____

Employment History (continued)

Position: _____
Start Date: _____ End Date: _____
Employer: _____
Supervisor's Name: _____ Phone Number: _____
Duties: _____
Reason for Leaving: _____ Final Salary: \$ _____

Position: _____
Start Date: _____ End Date: _____
Employer: _____
Supervisor's Name: _____ Phone Number: _____
Duties: _____
Reason for Leaving: _____ Final Salary: \$ _____

Position: _____
Start Date: _____ End Date: _____
Employer: _____
Supervisor's Name: _____ Phone Number: _____
Duties: _____
Reason for Leaving: _____ Final Salary: \$ _____

Educational Background

	Educational Institution	Year Completed
☐ High School or GED	_____	_____
☐ Associates Degree	_____	_____
☐ Bachelors Degree	_____	_____
☐ Other	_____	_____

Certification / Criminal Conviction Statement

I certify that I meet the training and experience requirements outlined in the job posting and that the information provided in this application is true and complete to the best of my knowledge. I understand that any false or misleading statements may result in disqualification from consideration or dismissal from employment. I authorize the Hand In Hand Early Childhood Center to contact current or former employers to verify information related to this application and to obtain relevant employment records. I release from liability all individuals and organizations providing such information in good faith.

Signature

Date

In accordance with section 390-b of the Social Services Law, I certify that to the best of my knowledge and behalf that,

☐ I Have Not

☐ I Have

Been convicted of a crime in New York State or in any other jurisdiction. If I have been convicted of a crime, I will provide true and accurate information concerning the crime for which I was convicted, the date of conviction, and any other relevant information on an attached document. I understand that my failure to truthfully and accurately state whether I have been convicted of a crime and/or provide truthful and accurate information concerning the conviction(s) may constitute grounds for the denial or revocation of my license to provide childcare.

Signature

Date

"The following information is requested by the Federal Government in order to maintain compliance with Federal Laws Prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname."

Ethnicity:

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

Race: (Select one or more)

- ☐ White
- ☐ Asian
- ☐ Black / African American
- ☐ American Indian / Alaska Native
- ☐ Native Hawaiian
- ☐ Other Pacific Islander

Gender:

- ☐ Male
- ☐ Female
- ☐ Non-binary

"This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law. Complaints of discrimination may be filed with the USDA, Director, Office of Civil Rights, Washington, D.C. 20250."