



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

Employment Application

Position of: _____

Name: _____
(last) (First) (Middle)

Social Security Number: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Please list any hobbies, skills, talents you feel you poses that may be an asset to the programming aspect of the Hand In Hand/Advantage programs:

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

References

Please list three (3) business or professional references: (At least 1 reference must be business.)

	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: _____

Educational Background

Educational Institution/Year Completed

_____ High School or GED

_____ Associates

_____ Bachelors

_____ Other

Certification/Criminal Conviction Statement

I certify that I meet the training/experience requirements as specified in the job advertisement and that all information is true and accurate. I understand that any false statements will cause me to be disqualified and/or dismissed. I authorize the Hand In Hand Early Childhood Center to contact present or former employers, to verify any information pertaining to this application and to obtain relevant records, and I release from liability any persons or organizations furnishing this information.

SignatureDate

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 _____ I Have Not _____

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.

SignatureDate

"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: (Mark one or more)

White _____ **Black or African American** _____

American Indian/Alaska Native _____ **Asian** _____

Native Hawaiian or Other Pacific Islander _____

Gender: Male _____ **Female** _____

"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."