



Today's Date:
Position Applying for:
Date Available:
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> On call

## APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

### Personal Information

Last Name, First			Soc. Sec. # (You may opt not to give your SSN unless offered a position)		
Permanent Address		Home Phone	Work Phone	Best Time to Call	
City	State	Zip	If under 18 years of age, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you either a U.S. citizen or an alien who has the legal right to work in the job for which you are applying? (Proof of citizenship or immigration status will be required within 72 hours of your employment) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever been convicted of a crime which has not been expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No                      If yes, when?					
A criminal conviction will not necessarily be a bar to employment. To help us evaluate your application, please describe the nature of the crime and your subsequent rehabilitation					
Emergency Notification (relative or friend)					

### Employment Desired

Have you ever applied for employment or been employed with our agency? <input type="checkbox"/> Yes <input type="checkbox"/> No                      If yes, when and in what position?		Salary Requirements
List specific Hours/Days Available to work (AM, PM, Weekends, Overnights etc.)		Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of or your friends or relatives work here? If yes, state name and relationship. <input type="checkbox"/> Yes <input type="checkbox"/> No		Can you travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a valid NYS Driver's License? If no, is your license suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### Referral Source – How did you hear about this Position?

<input type="checkbox"/> Newspaper Advertisement	<input type="checkbox"/> Agency Website	<input type="checkbox"/> Other Website (please identify ) _____
<input type="checkbox"/> Relative	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In <input type="checkbox"/> Other (please identify) _____

### Education

School	Name and Address of School	Course of Study	Years Completed	Date of Diploma/Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

**WORK EXPERIENCE**

**Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.**

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving		May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving		May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving		May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Comments: Include explanation of any gaps in employment.**


**Additional Skills or Qualifications** *Summarize special job-related skills and qualifications acquired from employment or other experience.*


**Medicaid/Medicare Excluded Provider Information**

<p><b>Have you ever been excluded from participating in a federal, state or private Healthcare program including Medicaid or Medicare?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Note to Applicants: **DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

\_\_\_ YES      \_\_\_ NO

**PROFESSIONAL REFERENCES (list three)** *Please Do NOT include family members.*

Name and Address	Phone Number	Email Address	Occupation

**Applicants Statement**

I have read and fully understand the questions asked in this application. I certify that all answers given by me are true, accurate and complete and understand that the omission and/or misrepresentation of any fact from this application or during any interview will be cause for immediate dismissal. I hereby authorize The Community Place of Greater Rochester, Inc. (CPGR), to obtain reference and/or criminal background check information about me and release all persons from liability for doing so.

If hired, I agree to abide by all of the rules and regulations of CPGR. I understand that CPGR is an 'at will' employer and if employed, my employment may be terminated with or without cause, and with or without notice, at any time at the option of either the Agency or me. I further understand that no representation, whether oral or written or by any representative or agent of CPGR at any time can constitute a contract of employment.

I understand that CPGR and all plan administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of CPGR has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by an authorized executive of this organization.

\_\_\_\_\_ Date

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

*The Community Place of Greater Rochester, Inc. (CPGR) delivers programs and services to individuals and families who represent many racial, cultural, and geographic groups. CPGR embraces and values the differences in people of diverse cultures, ethnic origins, sexual orientations, disability and beliefs. All staff is required to attend cultural competency workshops and trainings to continually enhance their own understanding of cultural diversity.*

**Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals With Physical Or Mental Handicaps.**

Government contractors are subject to 38USC 2012 of the Viet Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to reply and advance in employment qualified handicapped individuals. If you are a disabled veteran or have a physical or mental handicap you are invited to volunteer this information, which will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment. If you wish to be identified, please sign below.

Handicapped Individual       Disabled Veteran       Vietnam Era Veteran

**FOR OFFICAL USE ONLY:** Recommended for hire      Yes \_\_\_\_\_      No \_\_\_\_\_

If no, why? \_\_\_\_\_