



Catholic Charities of the Diocese of Albany

40 North Main Avenue
Albany, NY 12203
Tel. (518) 453-6650
Fax # (518) 453-6792
Website: www.ccrda.org

APPLICATION FOR EMPLOYMENT

This facility is an equal opportunity employer. We recruit, hire, train and promote without discrimination due to race, color, religion, sex, national origin, ancestry, marital status, age, sexual orientation, disability, or other protective classification.

**PLEASE COMPLETE THE APPLICATION *IN FULL* AND PRINT ALL REQUESTED INFORMATION
LEGIBLY -- THANK YOU!**

Date Completed _____

EMPLOYMENT DESIRED

POSITION OR TYPE OF WORK SOUGHT:

SEEKING: (Please check all that apply)

- | | | |
|------------------------------------|--|----------------------------------|
| <input type="checkbox"/> Full Time | <input type="checkbox"/> Weekend Program | <input type="checkbox"/> Day |
| <input type="checkbox"/> Per Diem | <input type="checkbox"/> Temporary | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Part Time | <input type="checkbox"/> Summer | <input type="checkbox"/> Night |

Hours per week desired: _____

Agency, Program or Site desired: _____

Specify days (please circle all that apply): Mon Tues Wed Thurs Fri Sat Sun

Are you available to work weekends? Yes No Evenings? Yes No Nights? Yes No

PERSONAL INFORMATION

Last Name	First	Middle	Other Names By Which You Have Been Known
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Address (Street Number)	City	State	Zip
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Telephone Number	Alternate Number Where You May Be Contacted	Social Security Number
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Are You 18 Years or Older? Yes No

Do you have a legal right to work in the U.S.? Yes No

You will be required to furnish proof of lawful work status if you are extended a job offer.

HOW DID YOU LEARN ABOUT THIS POSITION? NEWSPAPER INTERNET FRIEND CALL/WALK-IN OTHER

HAVE YOU EVER BEEN EMPLOYED BY CATHOLIC CHARITIES OR THE DIOCESE OF ALBANY?

Yes No

Please list any relatives who are currently employed at Catholic Charities or the Diocese of Albany:

IF YES, PLEASE COMPLETE THE FOLLOWING:

Name	Relationship
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Catholic Charities – Pls. list agency/program below:

Diocese of Albany – Pls. list dept./service below:

Please specify which agency/program/dept. where s/he works.

IN WHAT CAPACITY? _____

DATES EMPLOYED: FROM _____ TO _____

APPLICANT'S CERTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

Equal Opportunity Employment Policy:

Catholic Charities of the Diocese of Albany maintains a policy of non-discrimination for all employees and applicants in every facet of the organization's operations. In compliance with federal and state laws, Catholic Charities of the Diocese of Albany hires, trains, and promotes all qualified employees without unlawful discrimination on the basis of race, color, sex, sexual orientation, age, religion, marital status, citizenship, national origin, physical or mental handicap. This policy also applies to disabled veterans of the Vietnam Era.

CERTIFICATIONS

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time except for any reason as prohibited by applicable state or federal law; this "employment at-will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the Chief Executive Officer of this organization. I understand that this application is not a contract of employment.

I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof within the first three days of employment will result in termination of employment.

I also understand that any handbooks, manuals, policies and procedures maintained by Catholic Charities of the Diocese of Albany are not contractual in nature and may be amended or abolished at the sole discretion of Catholic Charities of the Diocese of Albany

I understand this application will be active for a period of one year; after that time; if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms therein, except my current employer if so noted, to provide any information requested about me, and I release them and Catholic Charities of the Diocese of Albany from all liability for damage in providing and requesting this information.

I understand that as a condition of my employment I will be required to submit to a post-offer criminal background check, Federal health care debarment screening and may be required to submit additional checks including: post-offer pre-employment physical and drug screen, DMV check, criminal background check, Federal health care debarment screening and child abuse background check.

I certify that all the statements on this application, on related papers and in interviews, are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Signature of Applicant _____ Date _____

PLEASE PROVIDE THREE PROFESSIONAL OR WORK REFERENCES.

FOR INTERNAL USE, ONLY

INTERVIEWED BY _____
 NAME _____ DATE _____
 INTERVIEWED BY _____
 NAME _____ DATE _____

(Rev. 11-05-07)

Please list your job history in full for the past ten years or last three employers, starting with your present or most recent employment and noting any periods in which you were not employed in the section marked "additional information". Also include all *relevant* employment/experience prior to ten years. (Please request an additional page for work experience if there is not enough room provided below). If you wish to enclose a resumé, you may do so, but this application must still be completed in full. Please include military service and internships.

EMPLOYMENT HISTORY

From (Month/Year)	Name and Address of Employer:	Immediate Supervisor:
To (Month/Year)	Name _____	Name _____
Last Salary	Address _____	Title _____
	Position Title: _____	Phone _____
If present employer, may we contact? Yes _____ No _____		
Status: Full Time _____ Part Time _____ As Needed _____ Avg. Hours/Week: _____		
Describe your principle duties or responsibilities: _____ _____ _____		
Reason for leaving: _____		

From (Month/Year)	Name and Address of Employer:	Immediate Supervisor:
To (Month/Year)	Name _____	Name _____
Last Salary	Address _____	Title _____
	Position Title: _____	Phone _____
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Reason for leaving: _____		

From (Month/Year)	Name and Address of Employer: Name _____	Immediate Supervisor: Name _____
To (Month/Year)	Address _____	Title _____
Last Salary	Position Title: _____	Phone _____

If present employer, may we contact? Yes _____ No _____ Status: Full Time _____ Part Time _____ As Needed _____
 Avg. Hours/Week: _____

Describe your principle duties or responsibilities: _____

Reason for leaving: _____

Have you ever been convicted of a felony? Yes _____ No _____ If Yes, give details: _____

Please note: A criminal conviction is not an absolute bar to employment but will be considered in relation to specific job requirements.

Have you ever been sanctioned or debarred from a Federal Health Care Program? Yes _____ No _____ If Yes, give details: _____

Please note: A conviction is not an absolute bar to employment but will be considered in relation to specific job requirements.

Have you ever been convicted of child abuse or maltreatment? Yes _____ No _____ If Yes, give details: _____

Please note: A conviction is not an absolute bar to employment but will be considered in relation to specific job requirements.

EDUCATION

Please complete all that apply:

	<u>Name of School</u>	<u>City, State</u>	<u>Degree Completed</u>	<u>Major/Course of Study</u>
High School	_____	_____	_____	_____
Vocation/Trade School	_____	_____	_____	_____
Associate's Degree	_____	_____	_____	_____
B.A. or B.S. Degree	_____	_____	_____	_____
Master's Degree	_____	_____	_____	_____
Post Master's Degree	_____	_____	_____	_____

List any courses or training completed outside of the above degreed programs that would be relevant for the position sought:

APPLICANT NAME: _____ DATE: _____

PROFESSIONAL LICENSURE, REGISTRY, CERTIFICATION

Catholic Charities of the Diocese of Albany requires that all registered, licensed and certified employees submit proof of same to his/her employer. Copy required upon employment.

Type of License, Registry or Certification	Issuing State or Organization	Number	Expiration Date

If not currently registered, licensed or certified, are you eligible? Yes _____ No _____
When will you/did you sit for your examination? Date _____

SPECIAL SKILLS

Please indicate any special skills that you possess: (Computer, Word Processing skills, etc.)

ADDITIONAL INFORMATION

Please include any additional information that you think would be applicable; e.g., volunteer work, membership in professional organizations, hobbies or outside interests, additional relevant employment, and explanation of any gaps in employment. Exclude any information, which would denote race, sex, marital status, age, national origin, religion or political affiliations.
