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Phone: 585-359-3710 Fax: 585-359-3722

www.holychildhood.org

[Email: Employment@holychildhood.org](mailto:Employment@holychildhood.org)

EMPLOYMENT APPLICATION

Position applying for: _____

PERSONAL INFORMATION

Last Name		First	Middle	Application Date
Street Address				Home Phone ()
City, State, Zip				Alternate Phone ()
Have you ever <i>worked</i> for us?			<input type="checkbox"/> Yes <input type="checkbox"/> No	When (mm/yy):
Have you ever <i>volunteered</i> for us?			<input type="checkbox"/> Yes <input type="checkbox"/> No	What position:
When will you be available to begin work?			Email Address:	When (mm/yy) and what capacity?
How did you hear of our organization?				
Do you have relatives or friends who currently work for Holy Childhood?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, who and what position do they hold?				
Are you legally authorized to work in the United States?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, please explain:				

EDUCATION AND TRAINING

SCHOOL	SCHOOL NAME AND LOCATION	MAJOR	YEARS COMPLETED	DEGREE OR DIPLOMA
College				
High School				
Trade School				

PROFESSIONAL CERTIFIED/ACCREDITED MEMBERSHIPS AND SKILLS

Please list any professional, trade, business, civic organization as well as any related special training or skills you have attained which are relative to the position for which you are applying? (Please don't list any affiliation that would reflect your race, color, religion, age, sex, sexual orientation, marital status or disabilities)

_____	_____
_____	_____
_____	_____

EMPLOYMENT

Please give accurate, complete details beginning with your **most recent** employer.
Please **DO NOT** substitute your resume for this information.

1	Name of Employer:	Telephone ()
	Address:	Dates Employed (Please use mm/yy format)
		FROM: TO:
	Supervisor Name:	
Position Held:	Reason for Leaving	
2	Name of Employer:	Telephone ()
	Address:	Dates Employed (Please use mm/yy format)
		FROM: TO:
	Supervisor Name:	
Position Held:	Reason for Leaving	
3	Name of Employer:	Telephone ()
	Address:	Dates Employed (Please use mm/yy format)
		FROM: TO:
	Supervisor Name:	
Position Held:	Reason for Leaving	

REFERENCES

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT

Employer Number

1 2 3

Reason _____

Please list additional Professional References

Name	Company	Professional Relationship	Phone Number

Applicants will receive consideration for positions without regard to race, color, religion, age, gender (except where gender is a bonafide occupational qualification), sexual orientation, marital status, and disability or veteran status.

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The information provided in this Application for Employment is true, correct and complete. If employed, any false statement or omission of fact on this Application may result in my immediate dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me for a definite period of time and my employment may be terminated any time without notice.

If you decide to engage an investigative consumer reporting agency to report on my personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

Holy Childhood has my permission to verify information supplied on my application for employment, including contacting previous employers and school personnel.

I understand that employer and/or school personal references are released from any claim in connection with such disclosure.

Date

Signature

Please indicate how you learned of our position opening:

Facebook

Holy Childhood Website

Internet Posting

Other (please list):
