

# Catholic Charities of the Roman Catholic Diocese of Syracuse, NY

## Area: \_\_\_\_\_

### Application for Employment

Date: \_\_\_\_\_

Note: We appreciate your interest in employment with our agency. Answer all questions and sign this Application. We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, religion, gender, national origin, age, disability, sexual orientation, genetic information, veteran or military status or any locally mandated classification.

Applicant's Last Name  Have you ever used a different name? <input type="checkbox"/> No <input type="checkbox"/> Yes, _____ If yes, please list name/s _____	First  _____	Middle  _____	Do you have a valid NYS Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No
Present Street Address  _____	City  _____	State  _____	Zip  _____
Permanent Address (If different from present address)  _____			Daytime Phone  _____
_____			Evening Phone  _____
_____			Cell Phone No.  _____
_____			E-Mail Address  _____
Have you ever been an employee or volunteer at any diocesan location, including the Diocese of Syracuse, Toomey Residential, or Christopher Community? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details: _____			If you are under the age of 18 can you furnish a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No

The Position that I am applying for: \_\_\_\_\_

I am interested in employment opportunities:  Full-Time  Part-Time

Availability: \_\_\_\_\_

I am an U. S. Citizen or have the legal right to accept employment in the U.S.  Yes  No  
 Proof of employment eligibility will be required at the time of hire.

Have you ever received Child and Youth Protection Training (when/where/by whom)?  Yes  No \_\_\_\_\_

If yes, please give the date and provider of your last Criminal Background Check: \_\_\_\_\_

#### EDUCATION & TRAINING:

Name and location of School	Diploma	Degree Received Area of Study
High School	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Postgraduate School	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other training		

Additional Education & Training Comments:

**EMPLOYMENT and VOLUNTEER ACTIVITIES –**

List all present and former employment and volunteer activities beginning with your present or most recent position. Use additional pages if needed. If you desire, you may attach a resume or curriculum vitae, but this section must be completed.

Company/Organization Name		Phone ( )
Address		When (Month & Year) From To
Title Hourly Wage	Supervisor	Reason for leaving
Duties		

Company/Organization Name		Phone ( )
Address		When (Month & Year) From To
Title Hourly Wage	Supervisor	Reason for leaving
Duties		

Company/Organization Name		Phone ( )
Address		When (Month & Year) From To
Title Hourly Wage	Supervisor	Reason for leaving
Duties		

Company/Organization Name		Phone ( )
Address		When (Month & Year) From To
Title Hourly Wage	Supervisor	Reason for leaving
Duties		

Have you served in the Armed Forces of the United States?  Yes  No  
Branch \_\_\_\_\_ Period of Active Duty \_\_\_\_\_ to \_\_\_\_\_

**REFERENCES – 3 references required; include two (2) professional references including your most recent supervisor. If you have resided in this area for less than 2 years, please provide at least one reference from your previous area of residence. Please indicate if we can contact this reference.**

Name: \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Yes  No

Name: \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Yes  No

Name: \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Yes  No

**If you have other skills that will aid you in this role please note and describe them. (i.e.: computer skills, languages, medical, etc.)**

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### **IMPORTANT – PLEASE READ THIS**

All applicants must complete question IV. Complete questions I, II, & III *if* the position(s) you are applying for involves contact with children or other vulnerable individuals, i.e. elderly, developmentally disabled, etc.

I. Has a civil complaint ever been filed against you that alleged *sexual misconduct or child abuse* by you or your participation in or facilitation of such activities (including internal complaints given to management or supervisors at places of employment)?  Yes  No

If yes, explain. Please provide the date, nature, and place of the incident leading to the complaint; where the complaint was filed; disposition of the complaint; and identify by name and title the person(s) who investigated the complaint. \_\_\_\_\_

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II. Section 424-a of the New York Social Services Law generally requires that persons applying for employment with agencies which provide services to children, applicants to adopt a child or applicants to be foster care parents be cleared with the State Central Registry to determine if they are the subject of an indicated child abuse or maltreatment report. Has the Department of Social Services (local or state) informed you that it has found you to have abused, neglected or maltreated a child? If  Yes  No Yes please explain: \_\_\_\_\_

III. Do you presently serve, or have you ever served, as a volunteer for any organization, entity or group in which you had contact with children or other vulnerable populations (e.g., elderly, developmentally disabled, etc.)?  Yes  No If yes, please provide the name, address, and phone number of the organization, period of volunteer service, supervisor's name; and briefly describe your activities and/or duties.

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IV. Have you ever chosen not to renew or continue any employment or volunteer service, had your employment or volunteer service terminated, or been subject to any disciplinary action, for reasons relating to allegations of sexual misconduct or child abuse by you?  Yes  No If yes, please explain. Please include in your explanation the date, nature, and place of the occurrence(s) or allegations(s) and the disposition of the matter(s). Also, identify your employer and supervisor at the time by name, address and telephone number. \_\_\_\_\_

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V. Have you ever been convicted of, or pled guilty to a crime (felony or misdemeanor)?  Yes  No If yes, please explain. Please include in your explanation the date and place of any conviction, and the crime for which you were convicted. \_\_\_\_\_

### IMPORTANT APPLICANT'S CERTIFICATION

I certify that **all** information in this application and all other information which I have provided in order to apply for and to secure work with Catholic Charities is true, complete and correct.

I expressly authorize, without reservation, the agency, its representatives, employees and agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the agency, its agents, employees or representatives, for seeking, gathering and using truthful and nondefamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this agency does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the agency and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the agency reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the agency is authorized to make any assurance to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the agency's director.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the agency's service, whenever it is discovered.

I promise to abide by the "Child and Youth Protection Policy" and other policies and procedures of Catholic Charities.

I acknowledge that I will be required to undergo a criminal background check and "Child and Youth Protection" training. I also acknowledge that I will be required to furnish proof of identity in association with the criminal background check and employment eligibility.

If applicable, per New York State Office of Mental Health and New York State Office of Mental Retardation and Development Disabilities, I understand that I will be required to submit to a Criminal History Records Check (fingerprint process) performed by the FBI as well as New York State Division of Criminal Justice Services; this check will be used to determine my eligibility for employment upon an ongoing review of my criminal history.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT'S CERTIFICATION.**

**I certify that I have read, full understand, and accept all terms and conditions of the foregoing Applicant's Certification.**

Signature of Applicant: \_\_\_\_\_ Date: /\_\_\_/\_\_\_/\_\_\_

**Please attach your resume and a letter of introduction to this application.**

**Any correspondence and interview information will be filed with this application.**

**FOR STAFF: This application for employment was received on (date) \_\_\_\_\_ at \_\_\_\_\_.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Actions taken in regard of this Application: