

*** Please Complete This Section Even If You Attach A Resume ***

Current Employer: _____ Phone Number: _____ Address: _____ _____	Your Position: _____ Your Supervisor: _____ Date Hired: _____ May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Most Recent Previous Employer: _____ Phone Number: _____ Address: _____ _____	Check One Box: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid Off <input type="checkbox"/> Dismissed Explain Reason: _____ Dates Employed: _____ Your Position: _____ Your Supervisor: _____
Next Most Recent Employer: _____ Phone Number: _____ Address: _____ _____	Check One Box: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid Off <input type="checkbox"/> Dismissed Explain Reason: _____ Dates Employed: _____ Your Position: _____ Your Supervisor: _____
Next Most Recent Employer: _____ Phone Number: _____ Address: _____ _____	Check One Box: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid Off <input type="checkbox"/> Dismissed Explain Reason: _____ Dates Employed: _____ Your Position: _____ Your Supervisor: _____
Next Most Recent Employer: _____ Phone Number: _____ Address: _____ _____	Check One Box: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid Off <input type="checkbox"/> Dismissed Explain Reason: _____ Dates Employed: _____ Your Position: _____ Your Supervisor: _____

References (three people not related to you)

Name	How do you know this person?	Phone #

***PLEASE READ THIS CAREFULLY BEFORE SIGNING*:**

My signature indicates that the information on this application (and accompanying resume, if any) is **true and complete** to the best of my knowledge. I agree that inaccurate information or significant omission will disqualify me from further consideration for employment, and will result in dismissal if discovered at a later date. I authorize persons, schools, employers, and organizations named in this application (and accompanying resume, if any) to provide any information that may be needed to arrive at an employment decision.

Signature: _____

Date: _____

Elmcrest Children's Center, Inc.
Since 1845

Sworn Conviction Statement

An applicant cannot be discriminated against merely due to the presence of a criminal conviction history. Suitability for employment will be determined in accordance with applicable laws, New York State Office of Children & Family Services guidelines and regulations, and New York State Office of Mental Retardation & Developmental Disabilities guidelines and regulations.

Name: _____

A crime is a misdemeanor or felony, and does not include violations such as traffic infractions.

I affirm and swear that **I Have** **I Have Not** been **convicted** of a crime
in the State of New York or any other jurisdiction.

I affirm and swear that **I Do** **I Do Not** have criminal charges **pending**
in the State of New York or any other jurisdiction.

If I have been **convicted**, I will provide true and accurate information concerning the crime(s) for which I was convicted in the space below. In addition, I will provide written justification on the back of this form explaining why I should be allowed to have contact with children regardless of my conviction(s). I am aware that this will be my only opportunity for this explanation to be considered in the decision to approve or deny my employment.

Type of Crime	Penal Code	Date Convicted	Court of Arraignment

If I have criminal charges **pending**, I will provide true and accurate information concerning the crime(s) for which I have been charged in the space below. In addition, I will provide a written explanation on the back of this form regarding the charge(s). I am aware that this will be my only opportunity for this explanation to be considered in the decision to approve or deny my employment.

Type of Crime	Penal Code	Date Charged	Arresting Authority

To the best of my knowledge the information provided above (and on back, if applicable) is true and accurate. I understand that my failure to provide truthful and accurate information on this form will disqualify me from further consideration for employment and will result in dismissal if discovered at a later date.

Signature: _____ Date: _____

Elmcrest Children's Center, Inc.
Reference Authorization

Applicant: _____
Name

- ◆ I authorize the release of information on my character & job performance to Elmcrest Children's Center, Inc.
- ◆ I waive my privilege to view any and all reference information provided.
- ◆ I understand that neither Elmcrest Children's Center, Inc. nor the parties providing the reference information are liable for any damages resulting from furnishing, obtaining, or interpreting that information.

Signature: _____ Date: _____