

4 Commerce Lane
Canton, New York 13617
315-386-1156

www.cpnorthcountry.org
www.chcnorthcountry.org

APPLICATION FOR EMPLOYMENT

TO APPLICANT: CPANC and CHCNC is an equal opportunity employer and does not discriminate because of race, gender, age, religion, national origin, color, marital status, sexual orientation, disability or other protected characteristics.

PERSONAL INFORMATION
(PLEASE PRINT PLAINLY)

Name _____
Last First Middle Initial

Present Address _____
No. Street City State Zip Code

Telephone No. Home () Cell () _____

Email: _____ Job applied for: _____

Do you want to work: What Shift(s) will you work? Expected Rate of Pay:
 Full Time Part Time Per Diem Days Evenings Nights \$ _____

Have you ever worked for CP of the North Country or Community Health Center? Yes No

If yes, when? _____ Department: _____

How were you referred to the Agency? _____

Are you **under** 18 years of age? Yes No

Are you a United States citizen? Yes No If no, are you authorized to work in the U. S.? Yes No

Have you ever been convicted of the following in New York State or elsewhere?

Misdemeanor Yes No Felony Yes No

If yes, explain _____

Do you have any criminal charges pending at this time? Yes No

If yes, describe in full _____

Do you have any relatives that work at CPANC/CHCNC or are on the Board of Directors? Yes No

If yes, please indicate: Name _____ Department _____

Do you or a member of your immediate family hold any material or financial interest, including investments, in any outside concern that does business with or competes with CPANC/CHCNC? Yes No



EMPLOYMENT HISTORY

List last 7 years of employment whether you were employed or unemployed. Start with most recent employer first.

DO NOT USE "REFER TO RESUME"

Employer:		Job Title:
Address:		Supervisor:
		Salary:
Phone #:		Reason for Leaving: _____ _____
Date From:	Date To:	
Job Duties: _____ _____ _____		
Employer:		Job Title:
Address:		Supervisor:
		Salary:
Phone #:		Reason for Leaving: : _____ _____
Date From:	Date To:	
Job Duties: _____ _____ _____		
Employer:		Job Title:
Address:		Supervisor:
		Salary:
Phone #:		Reason for Leaving: : _____ _____
Date From:	Date To:	
Job Duties: _____ _____ _____		
Employer:		Job Title:
Address:		Supervisor:
		Salary:
Phone #:		Reason for Leaving: : _____ _____
Date From:	Date To:	
Job Duties: _____ _____ _____		

EDUCATIONAL BACKGROUND

HIGH SCHOOL	
Name & Address of School:	<hr/> <hr/> <hr/>
# of Years Attended:	
Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, do you have a GED or Equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No
Major Or Degree:	
COLLEGE	
Name & Address of School:	<hr/> <hr/> <hr/>
# of Years Attended:	
Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major Or Degree:
GRADUATE	
Name & Address of School:	<hr/> <hr/> <hr/>
# of Years Attended:	
Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major Or Degree:
BUSINESS/TRADE	
Name & Address of School:	<hr/> <hr/> <hr/>
# of Years Attended:	
Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major Or Degree:

PROFESSIONAL LICENSE/CERTIFICATION

License/Cert. Number:	State Issued:	Expires:
Specialization:		
Have you ever held a Professional License in another state for the job you are applying for?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever had your professional license revoked in this state or any other state for the job you are applying for?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you type? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many words per minute? _____		
Computer proficiency? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which programs? _____ _____		
Please list all states in which you have had or do have a Professional License for which you are applying. _____ _____ _____		

PERSONAL REFERENCES

(Excluding Former Employers or Relatives)

NAME	AFFILIATION TO APPLICANT	PHONE NUMBER
1.		
2.		
3.		

PROFESSIONAL REFERENCES

NAME	OCCUPATION	PHONE NUMBER
1.		
2.		
3.		



DISCLOSURE TO EMPLOYMENT APPLICATION

By signing the release below, I hereby authorize Cerebral Palsy Association of the North Country/Community Health Center of the North Country to contact any and all former employers, credit agencies, city, state, county and federal courts, military services to release information about my background including but not limited to, information about employment, education, consumer credit history, driving record, criminal record and general public records history to CPANC/CHCNC.

I release from all liability all persons, companies, and schools supplying such information. I indemnify Cerebral Palsy Association of the North Country/Community Health Center of the North Country against any liability, which may result from making such requests. This release shall remain in effect for the length of my employment.

I affirm that all information contained in this application is true and complete. I understand that any falsification, misrepresentation or omission of information in connection with my application for employment, whether on this document or not, may result in refusal of employment, withdrawal of an offer of employment, or immediate dismissal from employment by the Director of Human Resources of Cerebral Palsy Association of the North Country.

Signature

Date

Print

Other Names Used: _____