

**THE SOCIETY FOR THE
PROTECTION AND CARE OF CHILDREN
148 South Fitzhugh Street
Rochester, N.Y. 14608
(585) 325-6101
EMPLOYMENT APPLICATION**

SPCC is an equal opportunity employer and will consider all applicants for all positions equally without regard to race, sex, age, color, religion, national origin, sexual orientation, marital or veteran status, or a disability as provided in the Americans with Disabilities Act.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question is to be answered in a complete and accurate manner. No action will be taken on this application until all questions have been answered.

PERSONAL:

Today's date: _____

Name: _____ Phone #: _____
 Last First M.I.

Cell Phone #: _____ Email: _____

Address: _____
 No. Street Apt. City/Town State ZIP

Are you over 18 years old? Yes _____ No _____

Are you eligible for employment in the U.S.? Yes ___ No ___

*In accordance with the City of Rochester Ordinance No. 2014-155, as of November 18, 2014 employers will no longer inquire as to an applicant's prior criminal conviction until after the initial employment interview. If granted a second interview with SPCC, any prior criminal conviction, including a DWI, must be disclosed and discussed privately with SPCC's CEO. If this should apply to you, **it is your responsibility** to contact Laurie Valentine at lvalentine@spcc-roch.org.

If you have a Child Protective Indication you must disclose this and offer explanation if applicable. Because we need to ensure the safety of children we work with depending on the circumstances this may affect your eligibility. In the event that you are hired and it is subsequently discovered when we complete the required CPS clearance check this will likely result in termination of your employment. If this should apply to you, **it is your responsibility** to contact Laurie Valentine at lvalentine@spcc-roch.org.

In addition, because most positions at SPCC require you to drive, you must possess a valid NYS driver's license with a driving record that meets Agency Insurance requirements. In the event that you are hired and it is subsequently discovered when we complete MVC your record does not meet agency requirements this could result in termination.

EMPLOYMENT DESIRED:

Position for which you are applying: _____

Are you seeking full or part-time employment? _____

If part-time, specify days and hours available: _____

Salary desired: _____ Date available to start: _____

Are you currently employed? _____ May we contact your present employer? _____

How did you learn of this position? _____

How did you learn of this agency and/or program? _____

Please list any close/significant relationships that you are aware of that either work/intern/ or are on SPCC's Board of Directors. _____

EDUCATION:

| SCHOOLS ATTENDED | NAME AND ADDRESS OF SCHOOL | DATES ATTENDED | DEGREE OR DIPLOMA |
|------------------|----------------------------|----------------|-------------------|
| High School | | | |
| College | | | |
| Graduate | | | |

Please check this box if you are planning to pursue further education _____ If so, when, where and what courses?

List any scholastic honors, offices held and activities involved in during high school and college (exclude any information which would reveal race, religion, sex, age, color, national origin, sexual orientation, marital, disability or other protected status):

List and describe any other educational opportunities you have pursued and specialized training you have received:

List any special skills you possess:

MILITARY: - Have you ever served in the U. S. military? _____

Service branch: _____ Date entered: _____

Date separated: _____ Final rank: _____

CAPABILITY:

Would you be willing and able to perform all the tasks required of the job for which you are applying? Yes ___ No ___ If not, explain which tasks:

PERMISSION FOR RELEASE OF INFORMATION

I hereby authorize the Society for the Protection and Care of Children (SPCC) to obtain employment and/or personal references and/or pertinent information required by them pertaining to my employment. I understand that any information provided to SPCC will be held in strict confidence and used only to verify statements which I have made. I release SPCC and its representatives from any liability in this regard.

Signature: _____ Date: ___ / ___ / ___

EMPLOYMENT HISTORY:

List names of employers in consecutive order with current or last employer listed first. **Do not indicate "see resume."** Dates of employment should include **month and year**. **Please note that employers may be contacted as part of reference checks. We will not contact your present employer unless you have given us permission on Page 1.*

1. Employer's name: _____
 Address: _____
 Phone no.: _____
 Dates of employment: from _____ to _____
 Position held: _____
 Major Responsibilities: _____
 Immediate supervisor's name: _____
 Reason for leaving: _____

2. Employer's name: _____
 Address: _____
 Phone no.: _____
 Dates of employment: from _____ to _____
 Position held: _____
 Major Responsibilities: _____
 Immediate supervisor's name: _____
 Reason for leaving: _____

3. Employer's name: _____
 Address: _____
 Phone no.: _____
 Dates of employment: from _____ to _____
 Position held: _____

Major Responsibilities: _____
Immediate supervisor's name: _____
Reason for leaving: _____

4. Employer's name: _____
Address: _____
Phone no.: _____
Dates of employment: from _____ to _____
Position held: _____
Major Responsibilities: _____
Immediate supervisor's name: _____
Reason for leaving: _____

REFERENCES (Please include persons who have direct knowledge of your professional experience or skill):

Please provide three references, not relatives, whom you have known at least one year.

| NAME | PHONE # (2 if possible) | EMAIL | RELATIONSHIP TO YOU |
|------|----------------------------|-------|------------------------|
| | | | |
| | | | |
| | | | |

OTHER:

List any other information you would like us to consider (exclude any information which would reveal race, sex, age, color, religion, national origin, sexual orientation, marital or veteran status, disability or protected status): _____

PLEASE READ AND SIGN BELOW

I certify that the facts contained in this application are true and complete to the best of my knowledge, I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during interviews may be grounds for immediate discharge. This application is current for only 60 days. At the conclusion of this time, if I have not heard from SPCC and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand and agree that, if hired, my employment is "at-will" and may be terminated by me or by SPCC at any time for any reason or no reason at all, with or without prior notice.

Signature: _____ Date: ____/____/____