



APPLICATION FOR EMPLOYMENT

The Neighborhood Center, Inc.

624 Elizabeth Street

Utica, New York 13501

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, marital or veteran status, sexual orientation, gender identity or gender expression or any other legally protected status.

(Please Print)

Position(s) Applied For:	Date of Application:
How Did You Learn About Us?	
<input type="checkbox"/> On-line Ad	<input type="checkbox"/> Friend / Relative
<input type="checkbox"/> Phone Inquiry	<input type="checkbox"/> Other _____
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> E-mail Inquiry
<input type="checkbox"/> Agency Website	

Last Name	First Name	Middle Initial
Address:	Number	Street (Apt. if applicable)
	City	State
	Zip Code	
Telephone Number(s) Home:	E-mail: _____	
Cell:	_____	
Alternate:	_____	

	Yes	No
Have you submitted an application with us previously? If yes, give date(s):		
Have you ever been employed with The Neighborhood Center? If yes, give date(s):		
Are you currently employed?		
Do you have the legal right to remain and work in the United States?		
If you are under 18 years of age, can you provide the required proof of your eligibility to work?		
Are you available to work Full-time?		
Are you available to work Part-time? If yes, what hours?		
Are you currently on a "lay-off" status and subject to recall?		
Are you able to travel if the job requires it?		

EDUCATION:

School	Name & Address Of School	Course of Study	No. of Years Completed	Diploma or Degree Earned
High School or Equivalency				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

WORK EXPERIENCE:

Please start with your present or last job. Include any job-related US Military service assignments. You may exclude organizations which indicate race, color, religion, sex, national origin, age, disability, marital or veteran status, sexual orientation, gender identity, gender expression or other legally protected status.

EMPLOYER:	Dates Employed		Description of duties:
Address:	From:	To:	
Phone Number:			
Starting & Present Job Title(s):			
Supervisor's Name:			
Reason for Leaving:			
EMPLOYER:	Dates Employed		Description of duties:
Address:	From:	To:	
Phone Number:			
Starting & Ending Job Title(s):			
Supervisor's Name:			
Reason for Leaving:			
EMPLOYER:	Dates Employed		Description of duties:
Address:	From:	To:	
Phone Number:			
Starting & Ending Job Title(s):			
Supervisor's Name:			
Reason for Leaving:			
EMPLOYER:	Dates Employed		Description of duties:
Address:	From:	To:	
Phone Number:			
Starting & Ending Job Title(s):			
Supervisor's Name:			
Reason for Leaving:			

Please describe any specialized training and/or work related skills you possess:

Please list any Professional Licenses you possess:

Have you ever been sanctioned by the Office of Professional Discipline or other licensure or certification monitoring agency?

REFERENCES: <i>List 3 Professional references (include Supervisors) and 2 Personal references.</i>	Name of Business or Agency (for Professional References)	Phone Number	Best Time To Contact
Name of Reference			
Prof:			
Prof:			
Prof:			
Pers:			
Pers:			

I certify that answers given herein are true and complete and authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I authorize The Neighborhood Center, Inc. to conduct a background investigation and to verify all information given about me on this application and during the application process. I hereby release The Neighborhood Center, Inc. and its representatives or agents from any liability that might result from such an investigation. I authorize all individuals, schools, and firms or entities named to provide any requested information and release them from all liability for providing the requested information.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time, with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written or oral representation or conduct.

In the event of employment, I understand that false or misleading information given in my application or application process is grounds for immediate discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

_____ Signature of Applicant	_____ Date
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E-mail to: hr@neighborhoodctr.org * Fax to: 315-272-2628 * Mail to: 624 Elizabeth St., Utica, NY 13501