

**Westchester Jewish Community Services, Inc.
Community Programs of WJCS, Inc.
Home Health Services of WJCS, Inc.**



EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, sexual orientation, marital or veteran status, the presence of a non-job-related condition or any other legally protected status.

WJCS IS AN EQUAL OPPORTUNITY EMPLOYER

(PLEASE PRINT)

Position(s) Applied For _____	Date of Application _____
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	
Hours you are available to work:	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> On-call From _____ To _____	

Last Name _____	First Name _____	Middle Name _____
Number _____	Street _____	City _____
		State _____ Zip _____
Telephone and Contact Number(s)		
Home _____		Work _____
Cell _____		E-mail _____

- | | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| 1. If you are under 18 years of age, can you provide required proof of eligibility to work? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever filed an application or worked for us before? If yes, please provide date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you currently employed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
(Proof of citizenship or immigration status will be required upon employment) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you currently on "lay-off" status and subject to recall? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Can you travel if a job requires it? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever been convicted of a crime (sealed, expunged, pardoned, annulled and discharged convictions, and juvenile convictions need not be disclosed)? If you answered "yes" above, please provide information on the date, nature and circumstances of the conviction?

_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever been founded for a substantiated allegation of abuse/neglect in any of your previous employment positions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you have any pending misdemeanor or felony arrests? If yes, state charge(s) and date(s) _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Conviction will not necessarily disqualify an applicant from employment.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which include race, religion, gender, national origin, handicap or other protected status.

EMPLOYER _____

ADDRESS _____

TELEPHONE _____ Supervisor _____

Dates of Employment _____ Salary _____

Describe your work: _____

Why did you leave? _____ May we contact this employer? _____ Yes _____ No

EMPLOYER _____

ADDRESS _____

TELEPHONE _____ Supervisor _____

Dates of Employment _____ Salary _____

Describe your work: _____

Why did you leave? _____ May we contact this employer? _____ Yes _____ No

EMPLOYER _____

ADDRESS _____

TELEPHONE _____ Supervisor _____

Dates of Employment _____ Salary _____

Describe your work: _____

Why did you leave? _____ May we contact this employer? _____ Yes _____ No

LIST ANY OTHER EXPERIENCES, SKILLS OR QUALIFICATIONS THAT YOU FEEL WOULD ESPECIALLY FIT YOU FOR WORK WITH OUR ORGANIZATION: _____

ARE YOU PHYSICALLY OR OTHERWISE UNABLE TO PERFORM THE DUTIES OF THE POSITION FOR WHICH YOU ARE APPLYING? _____

EDUCATION

	High School	Undergraduate College/University	Graduate/ Professional
School Name & Location			
Years Completed (circle)	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			

Describe any honors you have received: _____

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

REFERENCES

PERSONAL REFERENCES (NOT FORMER EMPLOYERS OR RELATIVES)

Name	Address	Phone Number

PROFESSIONAL REFERENCES

Name	Address	Phone Number

FOR ALL RESIDENTIAL (CLINICAL AND DIRECT CARE) POSITIONS and STAFF WHO WILL BE DRIVING AGENCY VEHICLES:

Do you have a valid New York State Driver’s License? Yes _____ No _____
 If Yes, have you had any convictions related to moving violations within the past three (3) years and any suspensions, revocations, DWI convictions or occurrence involving harm to anyone or property while driving
 Please describe: _____
All licenses will be checked after the offer of employment.

**FOR CLINICAL APPLICANTS ONLY:
 STATEMENT OF PROFESSIONAL ETHICS AND CONDUCT**

1. Please indicate professional license held, if applicable: _____
2. Have you ever been found by any professional association to which you have belonged to have violated its ethical code, or are you currently under investigation for an ethical violation by any other professional organization to which you belong?
 ___Yes ___No
3. Have you ever had your registration, certificate or license to practice your profession suspended, revoked, restricted, or denied or has any other disciplinary action been taken against you by any federal or state regulatory body or foreign jurisdiction or are you presently under investigation by any regulatory body, to the best of your knowledge? ___Yes ___No
4. Have you ever had your privileges to practice your profession in a hospital, HMO, etc., suspended or restricted or has any other disciplinary action been taken against you on grounds of unprofessional conduct, incompetence, negligence, or unsafe practices?
 ___Yes ___No
5. Have you ever voluntarily given up privileges, registration, certificate or license to practice your profession, or agreed to restrict your practice in lieu of or to avoid formal action? ___Yes ___No

If you answered yes to any of the above, please provide detailed information on a separate piece of paper.

6. Do you affirm that you are a member in good standing of your primary professional association (if appropriate)?
 ___Yes ___No

FOR STAFF WHO WILL WORK WITH CHILDREN:

I hereby certify that, to the best of my knowledge, I have never been "indicated" for child abuse and maltreatment in New York State or any other jurisdiction. I understand that I must complete a State Central Registry form and be cleared by the State Central Registry on Child Abuse and Maltreatment.

SIGNATURE OF APPLICANT _____ DATE _____

FOR STAFF WHO WILL WORK IN SCHOOL BASED AND CHILD CARE PROGRAMS:

I understand that fingerprinting clearance is required for employment in a school based program, or a program under the auspices of OMH or OPWDD.

SIGNATURE OF APPLICANT _____ DATE _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I authorize WJCS to obtain information about me from my previous or current employers. I authorize my previous and/or current employers to provide WJCS with such information as they may request. In order to encourage full and candid disclosure, I further agree to hold harmless my previous and current employers and WJCS from any and all claims arising from the disclosure or use of any information related to my past or current employment to the extent permitted by law.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

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

WJCS is an equal opportunity community based employer. WJCS does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

Signature

Date