

CREDO COMMUNITY CENTER FOR THE TREATMENT OF ADDICTIONS, INC.
595 West Main Street – Watertown, New York 13601 (315) 788-1530

The Credo Community Center for the Treatment of Addictions, Inc. is an Equal Opportunity Employer. All applicants are considered for employment without regard to race, creed, color, national origin, religion, gender, age, marital status, veteran status, citizenship status, sexual orientation, disability and any other legally protected groups. Applicants who desire accommodation in completing this form are invited to discuss their needs with the Human Resource Director. Print your answers clearly in ink. Fill in all spaces. If an item does not apply, write "N/A". This application form will not be considered if not fully completed by the applicant. This application form will be considered current for six months from this date. After that time, if you wish to be considered for employment, you must submit a new application form.

APPLICATION FOR EMPLOYMENT, Volunteering, Internship, Tutoring Today's Date: _____

Name of Applicant (Last) (First) (Middle)

Current Address (Number and Street) (City) (State) (Zip Code)

Last Previous address (If at current address less than two years)

Area Code & Telephone Number E-mail Address

Are you 18 years of age? YES NO If under 18, do you have working papers? _____

Do you have the legal right to work in the United States? YES NO (If hired, proof of status is required.)

Have you ever been convicted of a crime in a civilian or military court or do you have an arrest or charges pending that have not been resolved in your favor? YES NO If "yes", give details:

(Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.)

Have you ever been the subject of a child abuse, maltreatment or neglect report? YES NO If "yes", give details:

Have you ever applied to or been employed by this organization? _____ If yes, when? _____

What brought you to this organization? ___ Newspaper Ad ___ School ___ On My Own ___ Other Source:
___ NYS Employment Office ___ Internet/Website ___ Friend/Employee (State Name) _____

Position Desired: _____ Salary Desired: _____

Check all that apply: Are you available to work ___ weekdays? ___ weekends? ___ overtime? ___ evenings? ___
___ midnight to 8:00 a.m. shifts? ___ summers? ___ year around? ___ double shifts?

Circle Employment Desired: Full-Time / Part-Time / Summer Only Date available for work: _____

Do you have a valid **New York State** Driver's license? YES NO _____
License Number Expiration Date

Do you have any restrictions on your driver's license? YES NO
If yes, what are they? _____

Are there any aspects of the job for which you are applying that you are unable to accomplish with or without reasonable accommodations? YES NO If yes, what are they? _____

List any other name(s) by which you have been known that is necessary to enable a check on your record, ie, maiden name, assumed name, nickname _____

EMPLOYMENT HISTORY: List all employment for the past ten (10) years indicating the most recent employer first. Multiple positions with the same employer should be listed separately. Request a second form, if necessary. **You must complete this section in its entirety even though you may have a resume.** Your application will not be considered unless every question in this section is answered.

Employer's Name:	Employment Dates:
Employer's Address:	Job Title:
Type of Business:	Major Duties:
Supervisor's Name:	Salary: Starting: Ending:
Supervisor's Title:	May we contact:
Area Code & Telephone No:	Reason for leaving:

Employer's Name:	Employment Dates:
Employer's Address:	Job Title:
Type of Business:	Major Duties:
Supervisor's Name:	Salary: Starting: Ending:
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Employer's Address:	Job Title:
Type of Business:	Major Duties:
Supervisor's Name:	Salary: Starting: Ending:
Supervisor's Title:	May we contact:
Area Code & Telephone No:	Reason for leaving:

If we **cannot** contact any of the employers listed above, please indicate reason: _____

Account for all periods of unemployment longer than three (3) months: _____

If you are currently employed, why do you wish to change jobs? _____

LIST RELATIVES WHO WORK FOR THE CREDO COMMUNITY CENTER:

Name	Relationship to Applicant	How Long Known
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

PERSONAL REFERENCES: List three (3) business people, professionals or others who are **NOT** relatives, former employers or employees of the Credo Community Center. Two of three references must be business people or professionals.

Name & Address	Telephone Number	How Long Known
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

EDUCATION	FULL NAME & COMPLETE ADDRESS OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	NAME OF DEGREE OR DIPLOMA RECEIVED
High School	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
College	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Other (Specify)	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____

Are you still in school? _____ If yes, where? _____
 How many courses are you taking currently? _____ Number of credits: _____
 What is the course of study? _____
 What languages do you speak fluently? _____ Read? _____ Write? _____

List any additional work experience, training, skills, information, licenses, certifications, professional memberships, community service, awards, special study or research work relating to the position for which you are applying:

COMPUTER EXPERIENCE: List below all the computer programs in which you are proficient

U. S. MILITARY SERVICE:

Branch of Service: _____ Rank: _____ Dates of Duty: _____

Duties/Special Training: _____

Discharge Status: _____

Have you ever been terminated from a position for any reason other than a lack of funding? YES NO If yes, please explain why _____

