



Emergency Shelter
 74 Ferry Street
 Troy, New York 12180
 518.272.2544
 Fax: 518.272.9370

The Lansing Inn
 596 Second Avenue
 Troy, New York 12182
 518.326.5625
 Fax: 518.326.5631

The Hill Street Inn
 202 4th Street
 Troy, New York 12180
 518.814.1247
 Fax: 518.874.1253

www.josephshousetroy.org

APPLICATION FOR EMPLOYMENT

DATE: _____

PERSONAL INFORMATION

NAME:		EMAIL ADDRESS:		Telephone Numbers:	
STREET:		CITY:		STATE:	ZIP CODE:

EMPLOYMENT DESIRED

POSITION:	DATE YOU CAN START:	SALARY DESIRED:
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EDUCATION

	Name and Location of School	Years Attended	Graduate? Degree? Subjects Studied
HIGH SCHOOL			
COLLEGE			
OTHER			

SKILLS AND CERTIFICATIONS - Y/N & EXPIRATION DATE IF APPLICABLE

CPR	FIRST AID	CASC	CRISIS INTERVENTION	MED CERTIFICATION	OTHER
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FORMER EMPLOYERS - LIST LAST THREE STARTING WITH MOST RECENT (We may contact them)

FROM	TO	NAME AND ADDRESS	SUPERVISOR'S NAME & TELEPHONE	POSITION & SALARY	REASON FOR LEAVING

How did you hear about this employment opportunity? _____

REFERENCES

LIST THE NAME & PHONE NUMBER OF 3 PEOPLE NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR-**AT LEAST ONE SHOULD BE WORK RELATED**

NAME	ADDRESS	PHONE	BUSINESS	YEARS KNOWN

Have you ever been convicted of a felony including, but not limited to, sexual abuse and/or molestation?

YES NO

Have you ever been convicted of any type of theft, fraud or violent crime?

YES NO

IMPORTANT NOTE: Conviction of a crime will not automatically disqualify you from consideration for employment, but will be considered as part of your overall evaluation of your qualifications.

Have ever worked for or volunteered for Joseph’s House in the past?

YES NO

Have you received services from Joseph’s House in the last six months?

YES NO

AUTHORIZATION:

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the agency from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the agency has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized agency representative.”

DATE: _____ SIGNATURE: _____

DO NOT WRITE BELOW THIS LINE - FOR AGENCY USE ONLY

INTERVIEWED BY: _____ DATE: _____

NOTES: _____

HIRED: (Y/N) _____ POSITION: _____ START DATE: _____

SALARY/WAGES: _____ HOURLY BI-WEEKLY ANNUALLY