



165 Main Street, Suite A
 Cortland, NY 13045
 607-753-0234
 Fax: 607-753-0286
 www.fcscortland.org



355 Riverside Dr.
 Johnson City, NY 13790
 607-729-6206
 Fax: 607-729-1858
 www.familycs.org

EMPLOYMENT APPLICATION

Last Name:		First Name:		M.I.
Home Address:		City:	State:	Zip:
Street:				
Mailing Address (if different than home address):		City:	State:	Zip:
Street:				
Maiden Name/Alias:		Position Applying For:		
Phone:		Email:		
How did you learn about this employment opportunity?				

Check the appropriate answer to the right of each question	Yes	No
1. Were you ever dismissed from any employment for reasons other than lack of work or funds?		
2. Have you ever been convicted of any crime or been the subject of an indicated Child Protective Services Report?		
3. Are you now under charges for any crime?		
4. Do you have a valid license to operate a motor vehicle in NY State? Driver's License #		
5. Have you ever served in the United States Armed Forces?		
6. Have you ever been, or are you currently listed, on the Justice Center staff exclusion list?		
7. Are you 18 or older?		

Licenses - List any licenses or certificates to practice a trade or profession which relates to the position for which you are applying.			
	License 1	License 2	License 3
Name of Trade or Profession			
License Number			
Licensing Agency			
City or State of Specialty			
Date License Issued			
License Registration Dates			

Education				
	School Name and Location	Dates Attended From - To	Major	Degree Received
High School				
College or Technical School				
Other Schools or Special Courses				

References - List 3 past or present supervisors that FCS/F&CS may contact for a reference.		
Name	Position and Address	Telephone and Email

Experience - Describe below all the employment and volunteer experience pertinent to the position sought. If your title or duties changed materially in the course of your service in any one organization, indicate such change clearly and as a separate employment.	
Length of Employment From: Mo Yr To: Mo Yr	Employer Name: Street Address: City, State, ZIP:
Position/Title:	Describe Duties:
Supervisor:	
Supervisor's Title:	
Hrs. Worked Per Week:	

Length of Employment From: Mo Yr To: Mo Yr	Employer Name: Street Address: City, State, ZIP:
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Position/Title:	Describe Duties:
Supervisor:	
Supervisor's Title:	
Hrs. Worked Per Week:	

Length of Employment From: Mo Yr To: Mo Yr	Employer Name: Street Address: City, State, ZIP:
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Position/Title:	Describe Duties:
Supervisor:	
Supervisor's Title:	
Hrs. Worked Per Week:	

Length of Employment From: Mo Yr To: Mo Yr	Employer Name: Street Address: City, State, ZIP:
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Position/Title:	Describe Duties:
Supervisor:	
Supervisor's Title:	
Hrs. Worked Per Week:	

I affirm that the statements made on this application are true. I understand that all statements are subject to verification.

Signature _____

Date _____