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[www.familycs.org](http://www.familycs.org)

## EMPLOYMENT APPLICATION

Last Name:	First Name:		
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 FCCS 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.

<b>Length of Employment:</b> From: MM/YYYY	Employer Name:	
To: MM/YYYY	Street Address:	
Position/Title:	City, State, ZIP:	
Supervisor:	Describe Duties:	
Supervisor's Title:		
Hrs. Worked Per Week:		

<b>Length of Employment:</b>  From: MM/YYYY	Employer Name:
	Street Address:
To: MM/YYYY	City, State, ZIP:
Position/Title:	Describe Duties:
Supervisor:	
Supervisor's Title:	
Hrs. Worked Per Week:	

<b>Length of Employment:</b>  From: MM/YYYY	Employer Name:
	Street Address:
To: MM/YYYY	City, State, ZIP:
Position/Title:	Describe Duties:
Supervisor:	
Supervisor's Title:	
Hrs. Worked Per Week:	

<b>Length of Employment:</b>  From: MM/YYYY	Employer Name:
	Street Address:
To: MM/YYYY	City, State, ZIP:
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 \_\_\_\_\_