Academy of the Holy Names
1075 New Scotland Rd.
Albany, NY 12208
Tele: 518-438-7895
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ACADEMY OF THE HOLY NAMES

APPLICATION FOR EMPLOYMENT

This organization is an equal opportunity employer. We recruit, hire, train and promote without discrimination due to race, color, sex, national origin, ancestry, marital status, age, sexual orientation, disability, or other protective classification.

PLEASE COMPLETE THE APPLICATION *IN FULL* AND PRINT ALL REQUIRED INFORMATION *LEGIBLY. INFORMATION ON THIS FORM WILL BE TREATED AS STRICTLY CONFIDENTIAL. THANK YOU.*

Date _____ **Position** _____

PERSONAL INFORMATION

_____

Last Name First Middle Other Names by which you have been known

_____

Address (Street Number)

City_____ State_____ Zip Code _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Do you have a legal right to work in the U.S.? Yes ☐ No ☐
You will be required to furnish proof of lawful work status if you are extended a job offer.

_____

HOW DID YOU LEARN ABOUT THIS POSITION? ☐ Newspaper ☐ Internet ☐ Friend ☐ Other

HAVE YOU EVER BEEN EMPLOYED BY AHN? ☐ Yes ☐ No

IF YES, When? _____

Please list your last three (3) employers, starting with your present or most recent employment. Also include all *relevant* employment/experience prior to the last three on a separate page(s). If you wish to include a resume, you may do so, but this application must still be completed in full.

EMPLOYMENT HISTORY

Name and Address of Employer:

_____

_____

_____

Immediate Supervisor:

Name_____ Phone_____

Title_____

Email _____

If present employer, may we contact? Yes☐ No☐ Status: Full Time☐ Part Time☐ Other☐ Ave hrs/week:_____

Your job title: _____ Dates (from mo/year)_____ (to mo/year)_____

Describe your principal duties or responsibilities: _____

_____

_____

Reason for leaving: _____

Name and Address of Employer:

_____

_____

_____

Immediate Supervisor:

Name_____ Phone_____

Title_____

Email _____

If present employer, may we contact? Yes☐ No☐ Status: Full Time☐ Part Time☐ Other☐ Ave hrs/week:_____

Your job title:_____ Dates (from mo/yr)_____ (to mo/yr) _____

Describe your principal duties or responsibilities: _____

_____

_____

Reason for leaving: _____

Name and Address of Employer:

_____

_____

_____

Immediate Supervisor:

Name _____

Title _____ Phone_____

Email _____

If present employer, may we contact? Yes☐ No☐ Status: Full Time☐ Part Time☐ Other☐ Ave hrs/week:_____

Your job title:_____ Dates (from mo/yr)_____ (to mo/yr)_____

Describe your principal duties or responsibilities: _____

_____

_____

Reason for leaving: _____

EDUCATIONAL BACKGROUND

List all educational institutions from which you have received a degree and/or certificate

College/University	City, State	Degree/Major	Year Graduated

Official copies of all transcripts are required by AHN

PROFESSIONAL LICENSURE, REGISTRY, CERTIFICATION IF APPLICABLE

Type of License, Registry or Certification	Issuing State/Organization	Number	Expiration Date

If not currently registered, licensed or certified, are you eligible? Yes☐ No☐

When will you/did you sit for the examination? Date_____

Copies of all Professional Licenses and/or Certifications are required.

SPECIAL SKILLS

Please indicate any special skills that you possess (i.e. Computer, Word Processing, First Aid):

_____

_____

_____

ADDITIONAL INFORMATION

Please include any additional information that you think would be applicable; i.e. volunteer work, membership in professional organizations, and/or explanation of any gaps in employment. Exclude any information which would denote race, sex, marital status, age, national origin, religion, or political affiliations.

_____

_____

_____

GENERAL INFORMATION

1. If hired, are you able to perform the duties of the position with or without reasonable accomodations? Yes☐ No☐

2. Have you ever been suspended, dismissed, asked to resign a position for any reason or failed or refused to fulfill an employment contract? Yes☐ No☐

3. Have you ever been reprimanded or dismissed from a position for grounds that include or involve immoral conduct, unprofessional conduct (i.e. use of alcohol or drugs), harassment, including sexual harassment, or unfitness for service? Yes☐ No☐

4. Have you ever been discharged other than honorably from military service? Yes☐ No☐

5. Have you ever been arrested and/or convicted of a crime more serious than a minor traffic violation, had adjudication of a crime withheld, or pled nolo contendere to a crime? If yes, state the type of crime(s) and the circumstances with regard to each, including the date of the conviction or plea and the penalty, if any, imposed by the court. Yes☐ No☐

6. Have you ever been a defendant in a civil action for an intentional tort, including but not limited to, assault, battery, false imprisonment, rape, etc.? If yes, explain and include a description of the intended tort(s), the date(s) allegedly committed and the disposition of the action(s). Yes☐ No☐

7. Has there been a finding against you involving child abuse or maltreatment? If yes, state the details of the finding. Yes☐ No☐

If you responded "Yes" to any question (#2 through #7) above, please explain below:

_____

_____

_____

_____

PLEASE PROVIDE THREE PROFESSIONAL OR WORK REFERENCES

-DO NOT INCLUDE FAMILY MEMBERS OR PERSONAL FRIENDS-

Name:	**Relationship:**	**Phone:**	**Email:**

APPLICANT'S CERTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

Equal Opportunity Employment Policy:

The Academy of the Holy Names (AHN) maintains a policy of non-discrimination for all employees and applicants in every facet of the organization's operations. In compliance with federal and state laws, the Academy of the Holy Names hires, trains, and promotes all qualified employees without unlawful discrimination on the basis of race, color, sex, sexual orientation, age, religion, marital status, citizenship, national origin, physical or mental handicap. The policy also applies to disabled veterans.

CERTIFICATIONS:

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate employment at any time except for any reason as prohibited by applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the President of this organization. I understand that this application is not a contract of employment.

I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof within the first three days of employment will result in termination of employment.

I also understand that any handbooks, manuals, policies and procedures maintained by AHN are not contractual in nature and may be amended at the sole discretion of AHN.

I understand this application will be active for one year.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms therein, except my current employer if so noted, to provide any information requested about me, and I release them and AHN from all liability for damage in providing and requesting this information.

I understand that I will be required to have a criminal background check and attend the VIRTUS training program mandated for all employees. In addition I must sign a Code of Conduct agreement and a Confidentiality agreement. I also understand that as a condition of my employment I may be required to submit to the following: post-offer pre-employment physical and drug screen, DMV check, and child abuse background check.

I certify that all the statements on this application, on related papers and in interviews, are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Signature of Applicant _____ Date _____