

The Children's Clinic

Administrative and Jefferson County Offices:

238 Arsenal Street Watertown, NY 13601 (315) 782-9450

WIC, Pediatric Primary Care, Dental, Facilitated Enrollment, Adolescent Pregnancy Program

Franklin County
40 Catherine St.
Malone, NY 12953
(518) 483-4262
WIC/F.E.

Lewis County
7634 N. State St.
Lowville, NY 13367
(315) 376-6427
WIC/Dental

St. Lawrence County
3 Remington Ave.
Canton, NY 13617
(315) 386-8128
WIC/APP/F.E.

St. Lawrence County
221 Hamilton St.
Ogdensburg, NY 13669
(315) 393-0447
Dental

APPLICATION FOR EMPLOYMENT

(Please print neatly and complete fully and accurately)

PERSONAL:

Name: _____ Date: _____
(Last) (First) (MI)

Present Address: _____
(Street & No.) (City) (State) (Zip)

How many years at this address? _____

Previous Address: _____
(Street & No.) (City) (State) (Zip)

Preferred Daytime Phone #: _____ Secondary Telephone #: _____

Email: _____

Position applying for: _____

Rate of pay expected: \$ _____ per _____ Do you want to work: ___ Full Time ___ Part Time

Specify days and hours if Part Time: _____

How did you learn of this opening? _____

Have you worked for us before? _____ If yes, when? _____

List any friends or relatives working for us: _____

If hired, on what date will you be available to start work? _____

Are there any other experiences, skills or qualifications which you feel would especially qualify you for work with our organization?

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List all New York State professional licenses, registrations or certifications held:

	Exp. Date	ID#
	Exp. Date	ID#
	Exp. Date	ID#

If hired, do you have a reliable means of transportation? _____

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses?

Yes ___ No ___ If yes, describe in full: _____

Date of last physical exam: _____

Have you ever had, or do you have pending, any malpractice insurance claim(s) against you?

___ Yes ___ No

MILITARY SERVICE RECORD:

Have you ever served in the Armed Forces? ___ Yes ___ No If yes, which branch? _____

Dates of Duty: From: _____ to _____ Rank at discharge: _____
(MM/DD/YY) (MM/DD/YY)

EDUCATIONAL BACKGROUND:

Type of School	Name and Address of School	# Years Attended	Graduated	Course or Major
High School				
College				
Post Graduate				
Business				
Other				

PRIOR WORK HISTORY: *(List in order for the past five years, last or present employer first)*

Dates From	To	Name and Address of Employer	Rate of Pay	Supervisor's Name and Title	Reason for leaving
Describe in detail the work you did:					

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Describe in detail the work you did:					

May we contact the employers listed above? _____ If not, indicate the one(s) you do not wish us to contact:

Please describe below your personal and professional goals:

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North Country Children's Clinic, Inc. shall not discriminate against any person in employment or agency activity or any applicant for employment because of race, color, religion, sex, national origin, age, political affiliation or belief, marital status, sexual orientation or disability.

All employees of North Country Children's Clinic, Inc. are expected to perform all functions of their job description. In the event an applicant's or employee's disability prevents that applicant/employee from performing a function of the job description, the Clinic will make reasonable accommodations if such accommodations do not cause undue hardship to the agency. Employee's/applicant's must provide medical proof of disability and initiate request for accommodation. Accommodation will be decided by the agency ADA Committee.

PLEASE READ CAREFULLY

Applicant's Certification and Agreement:

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history, including a criminal background check, work experience, educational background and related information listed on this application.

Signature of Applicant _____
Date

DO NOT WRITE BELOW THIS LINE, FOR OFFICE USE ONLY

Interviewed: Yes No Date: _____

Result of Interview: _____

Acceptable for Employment? Yes No

If yes, Starting Date: _____ Starting Rate: _____

Job Title: _____ County: _____ Program: _____

Interviewed by: _____ Employed by: _____

Approved by: _____