

**CREDO COMMUNITY CENTER FOR THE TREATMENT OF ADDICTIONS, INC.**  
**595 West Main Street – Watertown, New York 13601 (315) 788-1530**

The Credo Community Center for the Treatment of Addictions, Inc. is an Equal Opportunity Employer. All applicants are considered for employment without regard to race, creed, color, national origin, religion, gender, age, marital status, veteran status, citizenship status, sexual orientation, disability and any other legally protected groups. Applicants who desire accommodation in completing this form are invited to discuss their needs with the Human Resource Director. Print your answers clearly in ink. Fill in all spaces. If an item does not apply, write "N/A". This application form will not be considered if not fully completed by the applicant. This application form will be considered current for six months from this date. After that time, if you wish to be considered for employment, you must submit a new application form.

**APPLICATION FOR EMPLOYMENT, Volunteering, Internship, Tutoring** Today's Date: \_\_\_\_\_

Name of Applicant (Last) (First) (Middle)

Current Address (Number and Street) (City) (State) (Zip Code)

Last Previous address (If at current address less than two years)

Area Code & Telephone Number E-mail Address

Are you 18 years of age?  YES  NO If under 18, do you have working papers? \_\_\_\_\_

Do you have the legal right to work in the United States?  YES  NO (If hired, proof of status is required.)

Have you ever been convicted of a crime in a civilian or military court or do you have an arrest or charges pending that have not been resolved in your favor?  YES  NO If "yes", give details:

(Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.)

Have you ever been the subject of a child abuse, maltreatment or neglect report?  YES  NO If "yes", give details:

Have you ever applied to or been employed by this organization? \_\_\_\_\_ If yes, when? \_\_\_\_\_

What brought you to this organization? \_\_\_ Newspaper Ad \_\_\_ School \_\_\_ On My Own \_\_\_ Other Source:  
\_\_\_ NYS Employment Office \_\_\_ Internet/Website \_\_\_ Friend/Employee (State Name) \_\_\_\_\_

Position Desired: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

**Check all that apply:** Are you available to work \_\_\_ weekdays? \_\_\_ weekends? \_\_\_ overtime? \_\_\_ evenings? \_\_\_  
\_\_\_ midnight to 8:00 a.m. shifts? \_\_\_ summers? \_\_\_ year around? \_\_\_ double shifts?

Circle Employment Desired: Full-Time / Part-Time / Summer Only Date available for work: \_\_\_\_\_

Do you have a valid **New York State** Driver's license?  YES  NO \_\_\_\_\_  
License Number Expiration Date

Do you have any restrictions on your driver's license?  YES  NO  
If yes, what are they? \_\_\_\_\_

Are there any aspects of the job for which you are applying that you are unable to accomplish with or without reasonable accommodations?  YES  NO If yes, what are they? \_\_\_\_\_

List any other name(s) by which you have been known that is necessary to enable a check on your record, ie, maiden name, assumed name, nickname \_\_\_\_\_

**EMPLOYMENT HISTORY:** List all employment for the past ten (10) years indicating the most recent employer first. Multiple positions with the same employer should be listed separately. Request a second form, if necessary. **You must complete this section in its entirety even though you may have a resume.** Your application will not be considered unless every question in this section is answered.

Employer's Name:	Employment Dates:
Employer's Address:	Job Title:
Type of Business:	Major Duties:
Supervisor's Name:	Salary: Starting: Ending:
Supervisor's Title:	May we contact:
Area Code & Telephone No:	Reason for leaving:

Employer's Name:	Employment Dates:
Employer's Address:	Job Title:
Type of Business:	Major Duties:
Supervisor's Name:	Salary: Starting: Ending:
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Employer's Name:	Employment Dates:
Employer's Address:	Job Title:
Type of Business:	Major Duties:
Supervisor's Name:	Salary: Starting: Ending:
Supervisor's Title:	May we contact:
Area Code & Telephone No:	Reason for leaving:

If we **cannot** contact any of the employers listed above, please indicate reason: \_\_\_\_\_  
 \_\_\_\_\_

Account for all periods of unemployment longer than three (3) months: \_\_\_\_\_  
 \_\_\_\_\_

If you are currently employed, why do you wish to change jobs? \_\_\_\_\_  
 \_\_\_\_\_

**LIST RELATIVES WHO WORK FOR THE CREDO COMMUNITY CENTER:**

Name	Relationship to Applicant	How Long Known
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**PERSONAL REFERENCES:** List three (3) business people, professionals or others who are **NOT** relatives, former employers or employees of the Credo Community Center. Two of three references must be business people or professionals.

Name & Address	Telephone Number	How Long Known
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

EDUCATION	FULL NAME & COMPLETE ADDRESS OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	NAME OF DEGREE OR DIPLOMA RECEIVED
High School	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
College	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Other (Specify)	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____

Are you still in school? \_\_\_\_\_ If yes, where? \_\_\_\_\_  
 How many courses are you taking currently? \_\_\_\_\_ Number of credits: \_\_\_\_\_  
 What is the course of study? \_\_\_\_\_  
 What languages do you speak fluently? \_\_\_\_\_ Read? \_\_\_\_\_ Write? \_\_\_\_\_

List any additional work experience, training, skills, information, licenses, certifications, professional memberships, community service, awards, special study or research work relating to the position for which you are applying:

\_\_\_\_\_

\_\_\_\_\_

**COMPUTER EXPERIENCE:** List below all the computer programs in which you are proficient

\_\_\_\_\_

\_\_\_\_\_

**U. S. MILITARY SERVICE:**

Branch of Service: \_\_\_\_\_ Rank: \_\_\_\_\_ Dates of Duty: \_\_\_\_\_

Duties/Special Training: \_\_\_\_\_

Discharge Status: \_\_\_\_\_

Have you ever been terminated from a position for any reason other than a lack of funding?  YES  NO If yes, please explain why \_\_\_\_\_

**Write a paragraph explaining why you feel you would be an asset to the Credo Community Center.**

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**IMPORTANT: PLEASE READ OVER CAREFULLY BEFORE SIGNING.**

I certify that the information provided on this application form (and accompanying resume, if any) is true and complete to the best of my knowledge. I understand that any false or misleading information or significant omission shall be sufficient cause for rejection and, if employed, immediate dismissal. I hereby authorize release of any information regarding any criminal convictions that may exist against me, and ask my former employer(s) and all other persons named in this application (and accompanying resume, if any) who might have information concerning me, to give any information regarding my former employment or any other information they may have regarding me whether or not the same is a matter of record, and hereby release each of them from any liability for any damage whatsoever which I could or might claim because of such disclosure.

I understand that completion of this application form does not indicate that there are positions open and does not in any way obligate the Credo Community Center for the Treatment of Addictions, Inc. I understand that this application form is not a contract of employment. I further understand that federal law prohibits the employment of unauthorized aliens and that all persons hired must submit satisfactory proof of employment authorization and identity and that failure to submit such proof will result in denial of employment. If employed, I agree to abide by and observe all rules and regulations of the Credo Community Center for the Treatment of Addictions, Inc. I further understand and agree that any such future employment is terminable by either party at-will, with or without notice or cause.

As a condition of employment, I accept the principle that the welfare of the agency depends on the conduct and honesty of its employees and upon the trust and confidence of the public. Our customers rightly expect honesty, security and confidentiality in their affairs, I therefore agree to give no unauthorized information relative to the accounts of the agency or its relations to others, and to discuss no matters of a confidential nature relating to the agency’s affairs unless such discussion is in the necessary course of the agency’s business and is in accordance with agency policy. I also agree to inform the management of the agency without delay of any fraud, false entry, substantial error, embezzlement, or employee misconduct and to report any transaction or matter that seems damaging to the agency. I acknowledge and understand that any violation of this agreement may result in the termination of my employment.

No person other than the Executive Director of the Credo Community Center for the Treatment of Addictions, Inc. may modify or amend the provisions stated above. My signature certifies that I have read and agree with the above statements.

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Print Name	Signature	Date Signed
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**Note: If you need additional space to properly answer any of the questions on this application form, attach a separate sheet. Check this box if a separate sheet is attached .**