

**St. Anne Institute**

160 North Main Avenue, Albany, New York 12206

**Employment Application**

*As an Equal Opportunity Employer, St. Anne Institute will not discriminate in its employment practices due to an applicant's race, color, religion, sex, national origin, veteran or disability status, age, sexual orientation, gender identity or other characteristic(s) protected under applicable law.*

**Position Applying For:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Last Name:		First Name:		Middle Initial:	
Street Address:					Apt:
City:	State:	Zip:	Home Phone:	Cell Phone:	
Email:			Preferred Pronouns:		

- Where did you hear about the position (e.g., job posting, referral)? \_\_\_\_\_  
If you were referred to St. Anne Institute by a current employee, please provide their name: \_\_\_\_\_
- Are there limitations to your flexibility to work particular hours or days?  Yes  No  
If yes, please explain: \_\_\_\_\_
- Do you have a valid, clean New York State driver's license?  Yes  No  
Any restrictions?  Yes  No  
If yes, please explain restriction: \_\_\_\_\_

*In accordance with New York State Law, St. Anne Institute will contact the Department of Social Services to determine if an applicant is the subject of an indicated child abuse and maltreatment report (SCR).*

- Have you ever been the subject of an indicated report of child abuse or maltreatment?  Yes  No  
If yes, please explain: \_\_\_\_\_
- Have you ever been disciplined, terminated or asked to resign because of abuse or maltreatment of a dependent child or adult?  Yes  No  
If yes, please explain: \_\_\_\_\_
- I affirm and swear that to the best of my knowledge,  I have  I have not been convicted of a misdemeanor or felony in the State of New York or any other jurisdiction.  
*(A conviction will not automatically disqualify an applicant from further consideration for employment.)*  
If you have, please explain: \_\_\_\_\_
- Has any government agency proposed that you be excluded from participating in a government program such as Medicare or Medicaid?  Yes  No  
If yes, please describe the circumstances and indicate the period of exclusion: \_\_\_\_\_

**Please be prepared to provide contact information for three references upon request.**

**Education: (Please provide records of any trainings, licenses, certifications, or other qualifications)**

<b>Elementary School:</b>	
_____	_____
Name of School	Location of School
<b>High School:</b>	
_____	_____
Name of School	Location of School
Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED	
<b>College:</b>	
_____	_____
Name of School	Degree/Major
_____	Graduated?
Location of School	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>College:</b>	
_____	_____
Name of School	Degree/Major
_____	Graduated?
Location of School	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Employment History: (leave Current Employer blank if unemployed)**

Resume attached

Current Employer: _____	Phone Number: _____	Date Hired: _____
Your Position: _____	Supervisor Name/Title: _____	
May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact your previous employers? <input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>		
Previous Employer: _____	Phone Number: _____	
Your Position: _____	Dates Employed: _____	
Supervisor Name/Title: _____	Reason for Leaving: _____	
<hr/>		
Previous Employer: _____	Phone Number: _____	
Your Position: _____	Dates Employed: _____	
Supervisor Name/Title: _____	Reason for Leaving: _____	
<hr/>		
Previous Employer: _____	Phone Number: _____	
Your Position: _____	Dates Employed: _____	
Supervisor Name/Title: _____	Reason for Leaving: _____	

**Agreement: (read the following statement carefully before signing this application)**

*I affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. Falsified information or significant omission will disqualify me from further consideration for employment, and may result in dismissal if discovered at a later date. I authorize persons, schools, employers, and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision.*

Signature: _____	Date: _____
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***E-mail this application to: [recruiting@s-a-i.org](mailto:recruiting@s-a-i.org)***