

CONVICTION STATEMENT

In accordance with Section 390-b(1)(a) of the Social Services Law, I certify that to the best of my knowledge and belief, **I Have** **I Have Not** been convicted of a crime in New York State or any other jurisdiction. If I have been convicted of a crime, I will provide true and accurate information concerning the crime for which I was convicted, the date of conviction and any other relevant information in the space provided below. In addition, I will provide written justification on the back of this sheet, explaining why I should be allowed to have contact with children regardless of my conviction. *I am aware that this will be my only opportunity for this explanation to be considered in the decision to approve or deny my employment.*

In accordance with Federal regulations, I certify that, to the best of my knowledge and belief, **I Have** **I Do Not Have Any**

- i) pending or prior criminal arrests and charges related to child sexual abuse and their disposition; or
- ii) convictions related to other forms of child abuse or neglect

If any, please explain: _____

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. YES _____ NO _____

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree *
High School				
Undergraduate College				
Graduate Professional				

Other (Specify)				
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***Attach a copy of latest Diploma/Degree Earned.**

Describe any specialized training, apprenticeship, job related skills and qualifications.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protective status.

1. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving:				

2. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			

Reason for Leaving:

3. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			

Reason for Leaving:

State any additional information you feel may be helpful to us in considering your application.

REFERENCES

(At least two professional, preferably Supervisors, and one personal- No Relatives)

Supervisor	Name:	Phone:
	Company:	
Supervisor	Name:	Phone:
	Company	
Personal	Name:	Phone:
	Relationship:	

I give ECLC permission to contact the above references and any former employers.

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at employment decisions.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “*at will*” nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this “*at will*” employment relationship may not be changed by any written document or by conduct unless such a change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I understand that I will need to be formally cleared through the through the NYS Central Child Abuse Registry, the NYS Office for Children and Family Services Criminal History Review Unit, as required by the NYS Social Services Law and any and all agencies as required by Federal and State regulations.

I am at least 18 years of age and I do possess a High School Diploma/GED.

Applicant's Signature: _____ Date: _____