

INSTRUCTIONS

Fill out the complete application (do not leave any blanks). Where the question asks you to list, if there are none, just write none in the blank. **Three (3) personal and three (3) work references are REQUIRED.** We will send these references out immediately, and need to get them all back before you can be considered for employment, so ensure you have **911 ADDRESSES AND TELEPHONE NUMBERS FOR ALL REFERENCES ARE REQUIRED.**

The references can also be faxed. If you have their fax number, please write this in at the top of the reference form.

WORK REFERENCES (3) are required:

1. Date and Sign.
2. To: Write in name and complete **911** address of work reference
3. Re: Print your name
Dates you were employed (to and from)
Write in position held
4. Check () Work Reference.
5. Turn the page over and address to same person on the back.

If you have served in the military, a copy of your DD214 is required and may serve as a work reference.

PERSONAL REFERENCES (3) are required:

1. Date on Sign.
2. To: Write in person's name and complete **911** address.
3. Check () Personal Reference.
4. Turn the page over and address to same person on back

NOTE: **You cannot use relatives or current JRC employees as either work or personal references.** An acceptable NYS driving license is required of most positions with a minimum of 2-3 years of driving experience.

DO NOT TAKE THESE FORMS TO YOUR REFERENCE PEOPLE TO BE COMPLETED OR MAIL THEM YOURSELF. They must be mailed or faxed by this office to be valid.

After you have finished the application, mail or personally return everything to the Jefferson Rehabilitation Center, Human Resources Department, PO Box 41, 380 Gaffney Drive, Watertown, NY 13601.

Upon offer of employment, we will need a copy of your High School Diploma/GED/College Degree.

THANK YOU FOR YOUR INTEREST.

APPLICATION FOR EMPLOYMENT

Name: _____

To the applicant: Do not leave items blank. Enter N/A if line item does not apply to you.

1. Last Name	First	Middle	2. Soc. Security No. ____/____/____
3. Street Address			4. Home Phone: (____)____-____
5. City:	State:	Zip:	6. Work Phone: (____)____-____
7. POSITION(S) APPLIED FOR:			
8. Have you previously been employed by JRC? Yes ___ No ___ If Yes: Date ____/____/____ Program _____ Position _____			
9. Full Time: ___ Part Time: ___ Flexible: ___ Days/Hours preferred: _____			
10. When would you be available for work? _____			
11. Are you over 18 years of age? ___ Do you have a NYS Drivers License? ___ Type: ___ If out of state, please list state.			

12. EDUCATION:

School	Name & Address of School/Course of Study	# of years	Did you graduate?	Degree/Diploma & Major
High School		9 10 11 12	Yes ___ No ___	
College		1 2 3 4	Yes ___ No ___	
Graduate School		1 2 3 4	Yes ___ No ___	
Other			Yes ___ No ___	

NOTE: If applicable to position, license and or transcript must be presented prior to employment.

13. EMPLOYMENT: List Below all Past and Present EMPLOYMENT, beginning with your most recent employment.

<u>Employer and Address</u>	<u>Telephone</u>	<u>From/To</u>	<u>Job Duties</u>	<u>Reason for Leaving</u>
<u>Job Title</u>	<u>Wage Rate</u> Start: _____ End: _____			
<u>Employer and Address</u>	<u>Telephone</u>	<u>From/To</u>	<u>Job Duties</u>	<u>Reason for Leaving</u>
<u>Job Title</u>	<u>Wage Rate</u> Start: _____ End: _____			
<u>Employer and Address</u>	<u>Telephone</u>	<u>From/To</u>	<u>Job Duties</u>	<u>Reason For Leaving</u>
<u>Job Title</u>	<u>Wage Rate</u> Start: _____ End: _____			

** LIST ANY ADDITIONAL EMPLOYMENT ON SEPARATE SHEET.
 ** MAY WE CONTACT THE EMPLOYERS LISTED? _____

14. MILITARY SERVICE RECORD:

Were you in U.S. Armed Forces? Yes ___ No ___ If yes, what branch? _____
Dates of Duty from ___/___/___ to ___/___/___ Rank at discharge _____
List duties in the service including special training: _____
Have you taken any training under the GI Bill of Rights? ___ If Yes, what training did you take? _____

Please be advised that the Jefferson Rehabilitation Center, Inc. is an "Equal Opportunity Employer."

15. Have you **EVER** been convicted of a misdemeanor or felony in ANY jurisdiction and are there any pending criminal charges against you? ___
If yes, describe in full _____
16. Please list **ANY** convictions related to motor vehicle moving violations, including, but not limited to, alcohol and drug-related offenses, any suspension, revocation, or occurrence involving harm to human beings or property while driving. _____
17. Are you able, either with or without reasonable accommodation, to perform the essential functions of the job for which you are applying?

PLEASE READ AND SIGN THIS STATEMENT:

THE FACTS SET FORTH IN MY APPLICATION ARE TRUE AND COMPLETE. I UNDERSTAND THAT IF EMPLOYED, FALSE STATEMENTS MADE ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL. I HEREBY AUTHORIZE JEFFERSON REHABILITATION CENTER TO MAKE INQUIRIES INTO MY EMPLOYMENT AND EDUCATIONAL BACKGROUND AND ANY RECORD OF CRIMINAL CONVICTION AND HEREBY WAIVE ANY RIGHT TO SEE THE REFERENCES OBTAINED. I UNDERSTAND NO OFFER OF EMPLOYMENT OR PROCEDURE OF EMPLOYMENT SHALL CONSTITUTE A CONTRACT OF EMPLOYMENT, AND NO REPRESENTATIVE OF THE EMPLOYER HAS THE AUTHORITY TO MAKE A CONTRACT OF EMPLOYMENT.

Date

Signature of Applicant

NOTE TO THE APPLICANT:

To expedite the application process, please complete the six(6) attached Reference Sheets (3 personal/3 work), both front and back (see enclosed instruction & example sheet), and return them with this application to the Jefferson Rehabilitation Center's Human Resources Department – PO Box 41 Gaffney Drive, Watertown, NY 13601.

DO NOT list Former Employers/Relatives/or JRC Employees as Personal References.

Should any questions arise during the completion of this application, please contact our Human Resources Department at (315) 788-2730.



JEFFERSON REHABILITATION CENTER

PO Box 41 Gaffney Drive

Watertown, NY 13601

Phone: (315) 788-2730

Fax: (315) 788-8557

I authorize the release of information on my character and job performance to Jefferson Rehabilitation Center.

____/____/____
Date

Signature of Applicant

TO: _____

Fax: _____

RE: _____
Dates Employed: ____/____/____ to ____/____/____
Position Held: _____
Phone: _____

The above individual has applied for work with our organization and has signed this authorization for the release of information requested below. Please complete the following areas: (Enclose additional information if necessary)

- Work Reference Personal Reference Thank You.

WORK

Are the employment dates listed above correct? Yes___ No___
If, No, please list correct dates: ____/____/____ to ____/____/____
Reason for leaving: _____
Would you re-hire this employee? Yes___ No___

Please rate the applicant on the following	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>
QUALITY OF WORK PERFORMED			
RELATIONSHIP WITH OTHERS			
HONESTY			
COOPERATION			
DEPENDABILITY			
ATTENDANCE			
OVERALL RATING			

COMMENTS: _____

PERSONAL

How well do you know the applicant above? ___ slightly ___ well ___ very well
What is your relationship with the applicant? _____
How long have you known the applicant? _____ years

Please rate the applicant on the following	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>
APPEARANCE			
HONESTY			
MATURITY			
DEPENDABILITY			
JUDGEMENT			

COMMENTS: _____

Signature

Date



JEFFERSON REHABILITATION CENTER
PO Box 41 Gaffney Drive
Watertown, New York 13601

Please
Place
Stamp
Here

HUMAN RESOURCES DEPARTMENT
JEFFERSON REHABILITATION CENTER
P.O. Box 41, Gaffney Drive
Watertown, New York 13601