

Application for Employment

ROCHESTER SCHOOL FOR THE DEAF
1545 St. Paul Street
Rochester, NY 14621
V (585) 544-1240 or VP (585) 286-2834

Rochester School for the Deaf is an equal opportunity employer. We consider applicants for all positions without regard to their age, race, creed, color, religion, national origin, sex, non-disqualifying disability, marital status, veteran status, and genetic predisposition or carrier status or any other legally protected status.

(PLEASE PRINT - YOU MUST COMPLETE THE ENTIRE APPLICATION)

Position(s) Applied for: _____

Date of Application: _____

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)	E-mail address		

If you are a high school student under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date: _____

Have you ever been employed with us before? Yes No
If Yes, give date: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you authorized to work in the United States? Yes No
Proof of authorized status will be required upon employment.

On what date would you be available for work? _____

Are you currently on lay-off status and subject to recall? Yes No

Have you ever been convicted of a crime? Yes No
Conviction will not necessarily disqualify an applicant from employment.

Have you ever been convicted of child abuse? Yes No

If Yes, please explain _____

Have you ever served in the military? Yes No

If yes, what were your job duties? _____

Were you honorably discharged? Yes No
A less than honorable discharge will not automatically disqualify you from being hired.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
High School				
Undergraduate Collage				
Graduate/ Professional				
Other (Specify)				

Certifications/Licenses

Certifications and/or licenses awarded (attach copies of these documents):

Foreign Languages

Indicate any foreign languages you can speak, read and/or write

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Indicate your American Sign Language (ASL) skills:

Training, Skills & Activities

Describe any specialized training, apprenticeship, skills and extra-curricular activities that you believe would be relevant to the position(s) for which you are applying.

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 protected status.

1.	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone Number(s)			
	Job Title	Supervisor	Hourly Rate/Salary	
	Reason for Leaving	Starting	Final	
	May we contact the supervisor named above?			

2.	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone Number(s)			
	Job Title	Supervisor	Hourly Rate/Salary	
	Reason for Leaving	Starting	Final	
	May we contact the supervisor named above?			

3.	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone Number(s)			
	Job Title	Supervisor	Hourly Rate/Salary	
	Reason for Leaving	Starting	Final	
	May we contact the supervisor named above?			

4.	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone Number(s)			
	Job Title	Supervisor	Hourly Rate/Salary	
	Reason for Leaving	Starting	Final	
	May we contact the supervisor named above?			

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.

<p>List professional, trade, business or civic activities and offices held. <i>You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status</i></p> <hr/> <hr/> <hr/>
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Other Qualifications and Specialized Skills

Summarize special job-related skills and qualifications acquired from employment or other experience that you believe would be relevant to the position(s) for which you are applying.

State any additional information you feel may be relevant to us in considering your application for the position(s) for which you have applied.

Personal References (CANNOT BE RELATIVES)

1.	_____	_____
	Name	Phone #/E-Mail
2.	_____	_____
	Name	Phone #/E-Mail
3.	_____	_____
	Name	Phone #/E-Mail

Professional References

1.	_____	_____
	Name	Phone #/E-Mail
2.	_____	_____
	Name	Phone #/E-Mail
3.	_____	_____
	Name	Phone #/E-Mail

Applicant Statement

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. Unless otherwise specifically noted on this application, I expressly authorize the Employer to contact any and all references listed, and specifically authorize anyone contacted to provide a personal or employment reference including particularly a statement of the reason for the termination of my employment (if applicable), work performance, abilities, and other qualities pertinent to my qualifications for employment after being given a photocopy of this statement, which shall have the same force and effect as the original. I hereby release any individual or organization used as a reference in this application from any and all liability for damages of any kind or nature arising from furnishing the requested information.

This application for employment shall be considered active for a period of time not to exceed 45 days. We suggest that you make a copy of this application (at your own expense) for your records. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, if hired, I will be an employee at-will. This means that I may resign at any time and the Employer may discharge me 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 change is specifically acknowledged in writing by an authorized executive of this organization.

I certify that, to the best of my knowledge, the answers given herein are true and complete. I swear, under penalty of law, that, to the best of my knowledge, I have not been convicted of any crime in this state or any other jurisdiction (other than as noted above). In the event of employment, I understand that any false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer, and that I will, at the beginning of my employment and from time to time thereafter, take steps to make sure that I have been properly advised of these rules and regulations.

Signature of Applicant

Date

State of _____
County of _____:

On the ____ day of _____ in the year ____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

NOTARY PUBLIC

**FOR PERSONNEL DEPARTMENT USE ONLY
APPLICANTS DO NOT WRITE ANYTHING ON THIS PAGE**

Interview Date: _____

Interviewed by: _____

Notes: _____

References checked:

1. _____ (by: _____)

documentation: _____

2. _____ (by: _____)

documentation: _____

3. _____ (by: _____)

documentation: _____

4. _____ (by: _____)

documentation: _____

Background Check Completed: _____

Offer made on: _____

Applicant accepted job on: _____

Employment date: _____