



Mary Cariola Children's Center, Inc.

## EMPLOYMENT APPLICATION INSTRUCTIONS

Your interest in employment with Mary Cariola Children's Center is greatly appreciated. The following information outlines our employment application process. ***Please review this information sheet carefully and keep for your future reference .***

Please complete the employment application in its entirety (employment application, personal statement and reference release form). Resumes may be attached to the employment application. If you are applying for a position that requires New York State Certification or Licensure, please provide a copy of your valid New York State Certification and/or License along with your employment application materials. You will also be required to submit an official transcript. In addition, some positions require driving as an essential function of the job and will require you to possess a valid New York State Driver's License and meet the Agency 's Driving Standards. Applications will remain active for six months.

You may apply for employment in the following ways:

Mail/In-Person: Mary Cariola Children's Center, 1000 Elmwood Avenue,  
Suite 100, Rochester, NY 14620-3093  
Attn: Human Resources Department

Fax: (585) 295-9350  
Attn: Human Resources Department

E-Mail: [employment@marycariola.org](mailto:employment@marycariola.org)

Each applicant will be mailed a postcard or e-mail acknowledgement informing you that your employment application and/or resume have been received. All employment applications and/or resumes are reviewed and processed by the Human Resources Department and forwarded to individuals and/or teams responsible for hiring. Only those applications that meet the minimum qualifications will be forwarded.

You may be contacted for a telephone screening. The purpose of this is to provide applicants an opportunity to clarify information provided on the ir application materials as well as for Mary Cariola to provide essential information regarding a specific position to the applicant.

Applicants whose qualifications most closely correspond to the needs of Mary Cariola Children's Center will be scheduled for an on-site interview. Interviews may include watching an Agency video, tour, observation and/or visit depending on the position and program for which you are applying.

All candidates that are offered a position with Mary Cariola Children's Center are subject to pre - employment reference checks and pre-employment, post-offer background investigation and drug screening test. In addition, certain positions and/or programs will require a pre-employment, post-offer medical examination as well as a Department of Motor Vehicle check.

If you are interviewed, but not selected for a position, you will receive a letter informing you that you have not been selected.

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Mary Cariola Children's Center, Inc.

**APPLICANT DATA RECORD  
CONFIDENTIAL**

We are an Equal Opportunity Employer. We are committed to selecting the best-qualified individuals for all vacant positions regardless of race, color, religion, gender, national origin, age sexual orientation, marital status, veteran status, disability, or any other legally protected status. As part of this on-going commitment, we compile summary data about our applicants and report this data to the Federal Government as required by law. This Confidential Applicant Data Record is intended to help us collect this information.

All responses are completely voluntary and will be used for statistical analysis only. The completion of this Confidential Applicant Data Record is optional, if you choose to volunteer the requested information, please submit this record with your employment application materials. Please note that this information will *not* become part of your application for employment. Inclusion or exclusion of any data will not affect any employment decision.

Please complete the following:

Today's Date: \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

Check One:       Male               Female

- Check One:
- White/Non-Hispanic Origin
  - African American/Non-Hispanic Origin
  - Hispanic
  - American Indian or Alaskan Native
  - Asian or Pacific Islander
  - Other (specify) \_\_\_\_\_

Check any of the following that are applicable:

Individual with Disability\*

\*If checked, do you require any type of accommodation?

Yes\*               No

\*If yes, what type of accommodation would you require?

\_\_\_\_\_

Disabled Veteran

Vietnam Era Veteran



# MARY CARIOLA CHILDREN'S CENTER APPLICATION FOR EMPLOYMENT

Please **TYPE** or **PRINT** clearly. To be considered for employment, this Application for Employment must be fully completed. Each question must be answered in full, even if a resume is provided. If an answer is NO or NOT APPLICABLE, please indicate such.

**We are an Equal Opportunity Employer. We select the best-qualified individuals for all vacant positions regardless of race, color, religion, gender, national origin, age, sexual orientation, marital status, veteran status, disability, or any other legally protected status.**

Please notify an agency representative if you require a reasonable accommodation to participate in the application and /or interviewing process.

BIOGRAPHICAL DATA	Name (First, Middle, Last)		Former Name (First, Middle, Last)		Social Security Number (optional) - -	
	Street Address			City	State	Zip Code
	E-mail address			Telephone Number ( ) -		Alternate Telephone Number ( ) -
	Position(s) Applying For					Salary or Hourly Wage Desired
	Are you Available to Work <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary (check all that apply) <input type="checkbox"/> Summer <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Overnights				Date Available to Start Work	
	Have you ever submitted an application for employment with our agency? If yes, give month and year					<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever been employed with Mary Cariola Children's Center before? If yes, give month and year. From _____ to _____					<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States? <i>Employment eligibility will be verified upon employment.</i>					<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you have any restrictions or obligations that would prevent you from arriving on time and working your assigned hours? If yes, please state:					<input type="checkbox"/> Yes <input type="checkbox"/> No
	Were you referred by a current Mary Cariola Children's Center Staff Member? If yes, please provide Staff Member's Name:					<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any relatives currently working at Mary Cariola Children's Center? If yes, please provide Staff Member's Name:					<input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you learn about Mary Cariola Children's Center? <input type="checkbox"/> D&C/Career Builder <input type="checkbox"/> PennySaver <input type="checkbox"/> Shopping Bag <input type="checkbox"/> Employment World <input type="checkbox"/> Messenger Post <input type="checkbox"/> Mary Cariola Website <input type="checkbox"/> College Website Name: <input type="checkbox"/> Other:						

EDUCATIONAL BACKGROUND	Type of School Attended	Name and Location of School	# of Years Completed	Course of Study/Major	Diploma or Degree Obtained	GPA
	High School					
	Undergraduate College					
	Graduate College					
	Other Education					

Provide employment information, including military service, for the last 10 year s, starting with the most recent employer first. If you've held more than three jobs, please provide your complete employment history information on the additional page included in this employment application. Professional reference checks are a required part of the application process. We will contact your past/current employers.

<b>EMPLOYMENT HISTORY</b>	Name of Employer		Telephone Number ( ) -		
	Address		City	State Zip Code	
	Employment Dates (Month/Year) From to		Hourly Wage or Salary	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Per Diem Hours Per Week	
	Job Title of Position(s)		Name and Job Title of Supervisor		
	Brief description of job duties, responsibilities and significant accomplishments				
	Reason for leaving		Were you discharged or asked to leave? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>EMPLOYMENT HISTORY</b>	Name of Employer		Telephone Number ( ) -		
	Address		City	State Zip Code	
	Employment Dates (Month/Year) From to		Hourly Wage or Salary	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Per Diem Hours Per Week	
	Job Title of Position(s)		Name and Job Title of Supervisor		
	Brief description of job duties, responsibilities and significant accomplishments				
	Reason for leaving		Were you discharged or asked to leave? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>EMPLOYMENT HISTORY</b>	Name of Employer		Telephone Number ( ) -		
	Address		City	State Zip Code	
	Employment Dates (Month/Year) From to		Hourly Wage or Salary	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Per Diem Hours Per Week	
	Job Title of Position(s)		Name and Job Title of Supervisor		
	Brief description of job duties, responsibilities and significant accomplishments				
	Reason for leaving		Were you discharged or asked to leave? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>SKILLS</b>	Describe any specialized training, volunteer activities, professional memberships, skills or qualifications you have that you feel will be helpful to us in considering your application.			
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# Mary Cariola Children's Center, Inc.

## Additional Employment History

EMPLOYMENT HISTORY	Name of Employer		Telephone Number (    ) -		
	Address		City	State                      Zip Code	
	Employment Dates <i>(Month/Year)</i> From                      to		Hourly Wage or Salary	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Per Diem Hours Per Week	
	Job Title of Position(s)		Name and Job Title of Supervisor		
	Brief description of job duties, responsibilities and significant accomplishments				
	Reason for leaving		Were you discharged or asked to leave? <input type="checkbox"/> Yes <input type="checkbox"/> No		
EMPLOYMENT HISTORY	Name of Employer		Telephone Number (    ) -		
	Address		City	State                      Zip Code	
	Employment Dates <i>(Month/Year)</i> From                      to		Hourly Wage or Salary	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Per Diem Hours Per Week	
	Job Title of Position(s)		Name and Job Title of Supervisor		
	Brief description of job duties, responsibilities and significant accomplishments				
	Reason for leaving		Were you discharged or asked to leave? <input type="checkbox"/> Yes <input type="checkbox"/> No		
EMPLOYMENT HISTORY	Name of Employer		Telephone Number (    ) -		
	Address		City	State                      Zip Code	
	Employment Dates <i>(Month/Year)</i> From                      to		Hourly Wage or Salary	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Per Diem Hours Per Week	
	Job Title of Position(s)		Name and Job Title of Supervisor		
	Brief description of job duties, responsibilities and significant accomplishments				
	Reason for leaving		Were you discharged or asked to leave? <input type="checkbox"/> Yes <input type="checkbox"/> No		
EMPLOYMENT HISTORY	Name of Employer		Telephone Number (    ) -		
	Address		City	State                      Zip Code	
	Employment Dates <i>(Month/Year)</i> From                      to		Hourly Wage or Salary	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Per Diem Hours Per Week	
	Job Title of Position(s)		Name and Job Title of Supervisor		
	Brief description of job duties, responsibilities and significant accomplishments				
	Reason for leaving		Were you discharged or asked to leave? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>CERTIFICATION / LICENSURE</b>	<b>Please attach copies of all applicable professional certifications and/or licenses*.</b> <b>Have you ever had your professional license suspended or revoked?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
	<b>Type of certification</b>	<b>Area/Subject</b>	<b>State</b>	<b>Date of Expiration</b>
*If you do not have a New York State Teaching Certificate, please comment regarding the status for meeting certification requirements:				

<b>REFERENCES</b>	<b>List three professional references (other than relatives).</b>			
	<b>Name/Relationship To You</b>	<b>Address</b>	<b>Telephone #</b>	<b>Years Known</b>
	1.		(   ) -	
	2.		(   ) -	
3.		(   ) -		

<b>CONVICTION RECORD STATUS</b>	<b>Have you ever been convicted of a felony or misdemeanor in this state or any other jurisdiction ?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered 'yes' and have been convicted of a felony or misdemeanor, please provide additional information such as the crime(s), date(s), court location, sentencing information, disposition of sentence, and rehabilitation completed. Please note that a 'yes' answer to this question does not necessarily disqualify an applicant from employment. Misrepresentation or omission of facts will disqualify an applicant or be cause for dismissal of an employee.		
	<b>Date of Offense</b>	<b>County and State in which Offense Occurred</b>	<b>Conviction/Explanation</b>

<b>PLEASE READ CAREFULLY AND SIGN BELOW</b>	
<p>I hereby certify that all of the information I have provided on this <i>Application for Employment</i> is accurate and complete to the best of my knowledge. I understand that any misrepresentation or omission of facts will disqualify me from further consideration of employment, withdrawal of any offer of employment, or termination of employment, if hired.</p> <p>I authorize verification of all of the information I have provided on this <i>Application for Employment</i> as well as any additional information needed to consider my application for employment. I authorize all previous employers, educational institutions, references, and other persons who have knowledge of me or my records to provide any and all information pertinent to my employment and release the same from any liability resulting from providing such information. I also release this organization and all of its employees from all liability for any damage that may result from reliance on the information furnished.</p> <p>After a conditional offer of employment, I understand that a background investigation and drug screening test will be completed. Additionally, I understand that a pre-employment, post-offer medical examination and/or a motor vehicle report may be required. These must meet Mary Cariola guidelines in order to be hired.</p> <p>If employed, I agree to abide by all policies, procedures, rules, and regulations of the organization. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated by myself or the company at any time with or without cause or notice. I further understand that the policies, procedures, rules, and benefits contained in the employee handbook, benefit plans, and other written documents should not be considered an employment contract for any period of time.</p>	
Date _____	Signature of Applicant _____



# Mary Cariola Children's Center, Inc.

## PERSONAL STATEMENT

In completing this application for employment, please submit a statement expressing why you are applying for employment with Mary Cariola Children's Center and indicate the specific contributions you can make to our programs and students. Please use the space provided below to complete your statement.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_



Mary Cariola Children's Center, Inc.

## REFERENCE RELEASE

All information provided by me as part of my application for employment is accurate and true to the best of my knowledge. I understand and agree that any misrepresentation or omission of information by me may result in my rejection from employment, or, if hired, in my discharge.

I understand and agree that as part of its evaluation of my suitability for employment, Mary Cariola Children's Center should receive freely information and opinions about my educational background, previous work experience and work-related qualifications, behavior and character. I therefore knowingly and voluntarily authorize and consent to the disclosure of information and opinions concerning me by the educational institutions I have attended, their agents and employees, my current and former employers, their agents and employees, and other individuals including personal and professional references to Mary Cariola Children's Center. I consent specifically to the release of information and opinions about me contained in the files of the educational institutions I have attended, the personnel files of my current and former employers and to the release of any other information and opinions by my current and former educators and employers about my education or work.

I understand that the information and opinions concerning me disclosed to Mary Cariola Children's Center may include both favorable and unfavorable material. I knowingly and voluntarily release each of my current and former educators and employers, Mary Cariola Children's Center, and their respective agents and employees, and all other individuals and entities providing information, from all claims and liabilities, including but not limited to claims for defamation, retaliation, discrimination, damages, costs, and attorneys fees, which have arisen or may arise in the future related to the information and opinions provided to Mary Cariola Children's Center.

I understand that my execution of this Authorization and Release is a condition of my being considered for employment by Mary Cariola Children's Center. My execution of this Agreement and Release is for the benefit of Mary Cariola Children's Center, my former educators and employers, and to assure that they are free to disclose information and opinions about me.

I intend that a copy of this Authorization and Release be as valid as the original.

Applicant Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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