



# APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

HUMAN RESOURCES DEPT.  
ST. CABRINI HOME, INC.  
ROUTE 9W  
WEST PARK, NY 12493

N.Y.C. COMMUNITY PROGRAM  
1530 EAST 222<sup>ND</sup> STREET  
BRONX, NY 10469

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement (Identify Newspaper) _____	<input type="checkbox"/> Friend <input type="checkbox"/> Relative
<input type="checkbox"/> Employment Agency <input type="checkbox"/> Internet <input type="checkbox"/> Walk-In <input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name
Address	Number	Street
	City	State
		Zip Code
Telephone Number(s)	Social Security Number	

If you are 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 \_\_\_\_\_

Do you have any relatives currently employed with us?  Yes  No  
If Yes, Name/s \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No  
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

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

Can you travel if a job requires it?  Yes  No

Have you been convicted of a felony?  Yes  No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain \_\_\_\_\_

# Education

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

Indicate any foreign languages you can speak, read and / or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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Describe any job-related training received in the United States military.

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

If you need additional space please continue on a separate sheet of paper.

# Additional Information

List professional, trade, business or civic activities and office held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

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## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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## **Specialized Skills (Check Skills/Equipment Operated)**

<input type="checkbox"/> CRT	<input type="checkbox"/> PBX System	Maintenance Equipment (list)	Other (list)
<input type="checkbox"/> PC	<input type="checkbox"/> Lotus 1-2-3	_____	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> Excel	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Microsoft Word	_____	_____
<input type="checkbox"/> Fax	<input type="checkbox"/> WordPerfect	_____	_____

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

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Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, 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

## Personal References (Not Relatives or Former Employers)

1.	_____ ( ) _____ (Name) Phone #
	_____ (Address)
2.	_____ ( ) _____ (Name) Phone #
	_____ (Address)
3.	_____ ( ) _____ (Name) Phone #
	_____ (Address)

## Applicant's Statement

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 an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. 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, 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 Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by a written document or by conduct unless such 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:

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

\_\_\_\_\_  
Date

We consider applicants for all positions without regard to age, race, creed, color, national origin, sex or disability, or marital status or any other legally protected status pursuant to *NEW YORK STATE HUMAN RIGHTS LAW* and other relevant federal, state and local laws.

**FOR HUMAN RESOURCES DEPARTMENT (ONLY)**

Arrange Interview:  Yes  No

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INTERVIEWER

DATE

Employed:  Yes  No

Date of Employment: \_\_\_\_\_

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hourly Rate/Salary: \_\_\_\_\_

Department: \_\_\_\_\_ Grade: \_\_\_\_\_

By: \_\_\_\_\_  
Name and Title Date

**NOTES:**