

# APPLICATION FOR EMPLOYMENT

L. I. Child and Family Development Services, Inc., is an Affirmative Action/Equal Opportunity Employer. LICFDS does not discriminate against any person on the basis of race, color, creed, age, national origin, disability, sexual orientation, marital or veteran status, religion, gender, or any other legally protected status; and will not knowingly contract with any person or entity that does not stipulate and implement nondiscriminatory practices. Our policy is to advocate equal opportunity for all applicants.

## 1. PERSONAL INFORMATION

Name	Last	First	Middle	Date	
Street Address				Home Telephone ( ) ( )	Cellular Number ( ) ( )
City		State	Zip Code	Business Telephone ( ) ( )	
Is additional information relative to a name change, assumed name, or nickname necessary to enable a check of any information you have provided? <input type="checkbox"/> Yes <input type="checkbox"/> No				Social Security #  / /	
Have you ever applied for employment with LICFDS? If Yes: Month & Year			<input type="checkbox"/> Yes <input type="checkbox"/> No	Are under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever worked with LICFDS? If Yes: Month & Year			<input type="checkbox"/> Yes <input type="checkbox"/> No	Can you furnish working papers?	
Are you legally qualified to work in the United States?			<input type="checkbox"/> Yes <input type="checkbox"/> No	On what date would you be available to work?	
Are you a current or former Head Start parent? (Optional)			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Position(s) Desired:					
Location(s) Desired:					
How Did You Hear About Us? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Employment Agency <input type="checkbox"/> Current Employee _____ <input type="checkbox"/> Other _____					

## 2. EDUCATION

SCHOOL	NAME AND	COURSE	YEARS	DID YOU GRADUATE?	DIPLOMA OR
HIGH SCHOOL				<input type="checkbox"/> Yes <input type="checkbox"/> No	
BUS. /TRADE TECH				<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE				<input type="checkbox"/> Yes <input type="checkbox"/> No	
GRADUATE				<input type="checkbox"/> Yes <input type="checkbox"/> No	
NYS CERTIFICATION	Certification #	Date Received		Permanent <input type="checkbox"/> Yes <input type="checkbox"/> No	Provisional <input type="checkbox"/> Yes <input type="checkbox"/> No
Other special training or skills: language, computer skills, etc.:					

### 3. MILITARY

Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", in what Branch?
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### 4. ESSENTIAL JOB REQUIREMENTS

Is there any reason why you cannot perform essential functions of the job? <input type="checkbox"/> Yes <input type="checkbox"/> No
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### 5. EMPLOYMENT EXPERIENCE (Start with your present or most recent employer)

Employer Name			Starting Salary:	Ending Salary:
Street	City	State	Zip	Employed (Month & Year)
Name of Supervisor:			Telephone ( )	
Title, Duties, and Responsibilities:			Reason for leaving and explanation	

Employer Name			Starting Salary:	Ending Salary:
Street	City	State	Zip	Employed (Month & Year)
Name of Supervisor:			Telephone ( )	
Title, Duties, and Responsibilities:			Reason for leaving and explanation	

Employer Name			Starting Salary:	Ending Salary:
Street	City	State	Zip	Employed (Month & Year)
Name of Supervisor:			Telephone ( )	
Title, Duties, and Responsibilities:			Reason for leaving and explanation	

Explain any gaps in employment:
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## 6. CONFLICT OF INTEREST AND NEPOTISM

This part of the application is to determine compliance with the employment policies of the LICFDS, Inc., and its governmental funding sources. It relates to conflict and nepotism.

### PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS:

A. Do you now serve on any Board or Committee of any LICFDS Program in Suffolk County?

Yes  No If Yes, please identify the Board or Committee:

B. Does any member of your immediate family now serve on any Board or Committee of any LICFDS Program in Suffolk County?

Yes  No

If "Yes", please identify the Board or Committee, the Program and the name and relationship of the member of immediate family: \_\_\_\_\_

C. Are you related to any individual who now is a paid employee of the LICFDS or volunteer, or one of its Programs?

Yes  No

\_\_\_\_\_

Name

\_\_\_\_\_

Title

\_\_\_\_\_

Relationship

\_\_\_\_\_

Head Start Center

## 7. CONVICTION DISCLOSURE

A. Have you ever been convicted of any crime (felony or misdemeanor) or any other violation, with the exception of any moving traffic violations? (Conviction will not necessarily disqualify an applicant from employment.)

Yes  No

NOTE: Do not include any offense, which was finally adjudicated in a Juvenile Court or under a Youth Offender Law.

B. Has your driver's license ever been suspended or revoked?

Yes  No

List all moving violations in past 3 years, which resulted in a conviction, or a guilty plea.

C. Have you ever been found subject of an indicated Child Abuse/Maltreatment Report on file with the S. C. R. (State Central Register)?

Yes  No

D. Have you ever forfeited bail posted to guarantee your court appearance in answer to a criminal charge?

Yes  No

E. While in the Armed Forces of the United States, were you ever convicted by Court-Martial?

Yes  No

If your answer to a, b, c or d is "Yes", specify date, charge, place, court, and action taken for each offense:

## 8. DRIVERS LICENSE

If you are applying for a position that requires travel or home visits, do you have a valid New York State Driver's License?

Yes  No

## READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING

I UNDERSTAND THAT COMPLETION OF THIS APPLICATION DOES NOT CONSTITUTE AN EMPLOYMENT CONTRACT, AND THAT IF HIRED EMPLOYMENT IS "AT WILL" MEANING THAT I CAN RESIGN AT ANY TIME AND BE TERMINATED AT ANY TIME.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION FOR EMPLOYMENT ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. FALSE INFORMATION, MISREPRESENTATION, OR OMISSION OF FACTS MAY BE GROUNDS FOR RESCINDING AN OFFER OF EMPLOYMENT OR GROUNDS FOR IMMEDIATE TERMINATION. I AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAYBE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION.

I UNDERSTAND THAT THIS APPLICATION IS ONLY FOR CURRENT POSITION APPLIED FOR. IF I HAVE NOT BEEN HIRED FOR THIS POSITION FROM THE EMPLOYER AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY TO REAPPLY AND FILL OUT A NEW APPLICATION.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL AUTHORITY TO WORK IN THE UNITED STATES AND THAT FEDERAL IMMIGRATION LAWS REQUIRE ME TO COMPLETE AN I-9 FORM IN THIS REGARD.

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DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

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SIGNATURE / DATE