

# 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.

<b>APPLICANT INFORMATION</b> (Please answer all questions and print clearly)			
Last Name:	First:	Middle:	Date:
Mailing Address:		City:	State: Zip Code:
Home Telephone:	Cell Phone:	Email Address:	Social Security (Optional):
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	
Have you ever applied for employment with LIHS? If yes, please specify: Month & Year		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever worked with LIHS? If Yes: Month & Year		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you under 18 years of age?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you furnish working papers?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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?		Date	
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 _____

<b>EDUCATION</b>					
Are you a high school graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No, If "No" what was the highest grade you completed (indicate 1 through 12) _____					
NAME OF SCHOOL	ADDRESS (IN FULL)	DATES	GRADUATE?	DEGREE	MAJOR COURSE
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
NYS Certification			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.:					

## 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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## 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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## EMPLOYMENT EXPERIENCE (Start with your present or most recent employer)

Employer Name	May we contact this employer?
Street    City    State    Zip	Employed (Month & Year)
Name of Supervisor	Business Telephone
Title, Duties, and Responsibilities:	Reason for leaving and explanation

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

This part of the application is to determine compliance with the employment policies of the LIHS, Inc., and its governmental funding sources.

### PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS:

- A. Do you now serve on any Board or Committee of any LIHS 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 LIHS 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 or volunteer of LIHS or one of programs?  Yes  No

If Yes, please identify the employee or volunteer, center, and their relationship to you.

Name	Title	Relationship
Head Start Center		

## 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

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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. 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.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

