



L.I. Child and Family Development Services, Inc. (LICFDS) 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 non-discriminatory practices. Our policy is to advocate equal opportunity for all applicants.

APPLICANT INFORMATION					
Last Name:		First Name:		Middle Initial:	Date:
Mailing Address:			Apt #:	City:	State: Zip Code:
Telephone:		Email Address:		Social Security #: (Optional)	
Home:					
Cell:					
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 Long Island Head Start? If Yes, Month & Year Month: _____ Year: _____				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you worked with Long Island Head Start? If Yes, Month & Year Month: _____ Year: _____				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you under 18 years of age? If "Yes," 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"/> Employment Agency <input type="checkbox"/> Current/Former Employee <input type="checkbox"/> Current/Former Parent <input type="checkbox"/> Newspaper Ad _____ <input type="checkbox"/> Other _____			

MILITARY (Optional)	
Did you serve in the U.S. Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," in what Branch?	<input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps. <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard

ESSENTIAL JOB REQUIREMENTS	
Is there any reason why you cannot perform essential functional of the job?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION				
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	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, etc.):				

EMPLOYMENT EXPERIENCE (start with your present or most recent employer)	
Employer Name	Employed (Month/Year)
Address (Street/City/State/Zip)	Business Telephone
Name of Supervisor	Reason for Leaving and Explanation
Title, Duties, and Responsibilities	

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EMPLOYMENT EXPERIENCE (cont'd)	
Employer Name	Employed (Month/Year)
Address (Street/City/State/Zip)	Business Telephone
Name of Supervisor	Reason for Leaving and Explanation
Title, Duties, and Responsibilities	

Please explain any gaps in employment:

CONFLICT OF INTEREST AND NEPOTISM	
<i>This part of the application is to determine compliance with the employment policies of LICFDS, and its governmental funding sources.</i>	
PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS:	
A. Do you now serve on any Board or Committee of any Long Island Head Start Program in Suffolk County? If "Yes," please identify the Board or Committee: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Does any member of your immediate family now serve on any Board or Committee of any Long Island Head Start Program in Suffolk County? If "Yes," please identify family member, relationship and the Board or Committee:	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Are you related to any individual who now is a paid employee or volunteer of Long Island Head Start or one of the Programs? If "Yes," please identify the employee or volunteer, center and their relationship to you. Name: _____ Title: _____ Relationship: _____ Head Start Center: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICANT STATEMENT

READ THE FOLLOWING STATEMENT 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 THE CURRENT POSITION I 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 STATE, 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