

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? Yes No				Social Security #	
Have you ever applied for employment with LICFDS? If Yes: Month & Year			Yes No	Are under 18 years of age? Yes No	
Have you ever worked with LICFDS? If Yes: Month & Year			Yes No	Can you furnish working papers?	
Are you legally qualified to work in the United States?			Yes No	On what date would you be available to work?	
Are you a current or former Head Start parent? (Optional)			Yes 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 AND	COURSE	YEARS	DID YOU GRADUATE?	DIPLOMA OR
HIGH SCHOOL				Yes No	
BUS./TRADE TECH				Yes No	
COLLEGE				Yes No	
GRADUATE				Yes No	
NYS CERTIFICATION	Certification #	Date Received		Permanent Yes No	Provisional Yes No
Other special training or skills: language, computer skills, etc.:					

3. MILITARY

Did you serve in the U.S. Armed Forces? Yes 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? Yes No

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	

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Name of Supervisor:		Telephone	
Title, Duties, and Responsibilities:		Reason for leaving and explanation	

Explain any gaps in employment:

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.

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

Revised: 2009