

Family Gift Operation



Date of Application

Position

Employment Type

		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Unemployed
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Personal Information

Full Name		Nationality	
Address			
Phone	Email		Date of Birth:
Driving License	<input type="checkbox"/> No	<input type="checkbox"/> Yes,	Years of work
Health Insurance	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare	<input type="checkbox"/> Other

What type of gift do you need? rent payment, food, kids gift,

What do you need help with? Explain. (Rent, Food, Education, Healthcare, etc...)

What is the estimated price of the product or services that you need? Explain

Mail all application to Human Resource Office at
260 Kings Mall Court, #325, Kingston, NY 12401

☎ 1 347 470-9374

✉ info@familygiftoperation.com

🌐 www.familygiftoperation.com