



APPLICATION FOR EMPLOYMENT

307 West 38th Street, 6th Floor, New York, NY 10018 212.695.4564 Fax: 212.695.4561 www.chdfs.org

CHDFS CELEBRATES DIVERSITY AND IS COMMITTED TO CREATING AN INCLUSIVE ENVIRONMENT FOR ALL EMPLOYEES. ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, GENDER IDENTITY, NATIONAL ORIGIN OR ANCESTRY, CREED, SEXUAL ORIENTATION, AGE, MARITAL OR VETERAN STATUS, A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Date: _____
 How did you learn about the position? _____
 Position Sought: _____

Last Name: _____ First Name: _____

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Cell Phone _____ Other Phone _____

Email Address: _____ Social Security Number: _____

On what date would you be available for work? _____ Desired Wage/Salary \$ _____

Are you authorized to work in the U.S. without any restriction? Yes No

EDUCATION				
School Name	Location	Years Attended	Degree Received	Major

Other training, certifications, or licenses held: _____

List other information pertinent to the employment you are seeking (special courses or skills): _____

Are you fluent in any language other than English? Yes No
 If yes, what language(s): 1. _____ Speak Read Write
 2. _____ Speak Read Write

EMPLOYMENT

(Most Recent First)

1. Employer _____ Job Title _____

Dates Employed From: _____ To: _____ Type of Business _____

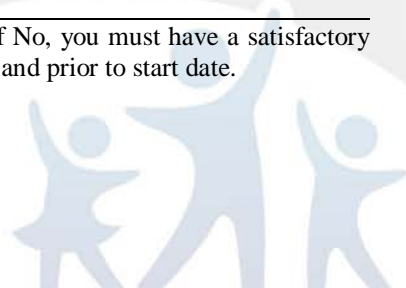
Address _____ City _____ State _____ Zip _____

Phone _____ Supervisor _____

Duties Performed _____

Reason for Leaving _____

May employer be contacted for a reference: Yes No If No, you must have a satisfactory reference from you next most recent employer subsequent to conditional job offer and prior to start date.





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2. Employer _____ Job Title _____
Dates Employed From: _____ To: _____ Type of Business _____
Address _____ City _____ State _____ Zip _____
Phone _____ Supervisor _____
Duties Performed _____
Reason for Leaving _____
May employer be contacted for a reference: Yes No

3. Employer _____ Job Title _____
Dates Employed From: _____ To: _____ Type of Business _____
Address _____ City _____ State _____ Zip _____
Phone _____ Supervisor _____
Duties Performed _____
Reason for Leaving _____
May employer be contacted for a reference: Yes No

Please explain any gaps in your employment history: _____

HISTORY

Have you ever been involved with the children welfare system? No Yes, If Yes, Please explain: _____

Are you available to work: Full time part time temporary

PERSONAL REFERENCES (Do not include relatives or former employers)		
NAME	PHONE NUMBER	ADDRESS





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ACCOMMODATIONS

Can you perform the essential functions of the position for which you are applying? YES [] NO [] If no, please explain _____

ACKNOWLEDGMENT AND AUTHORIZATION

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize CHDFS, Inc. to verify their accuracy and to obtain reference information on my work performance. I hereby release CHDFS from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that false or misleading information given in my application or interview(s) may result in rejection of this application or in discharge after employment. I also understand that some positions may require a criminal background check, among other clearances, and that all legal guidelines will be followed in the process of obtaining said background check.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

Signature of Applicant

Date

HireNYC Consent

The HireNYC program matches people who have received public assistance with jobs at organizations that have contract with City agencies. The organizations participating in the program are required to prove that they have hired a certain number of people who have received public assistance.

If you sign below, you agree that, if you are hired, the Human Resources Administration (HRA) may tell this employer that you have received public assistance benefits.

This information will be used only to record your future employer's compliance with its hiring obligation under the Program. The employer is required to keep the information confidential, and not to let it affect the employer's hiring decision, your employment status, or conditions of your employment.

Signature of Applicant

Date

