



COMMUNITY ACTION FOR HUMAN SERVICES, Inc.
2225 LODOVICK AVENUE, BRONX, NEW YORK 10469

Applicant's Instructions: Please fully complete the application with an updated resume attached.

EMPLOYMENT APPLICATION

Date Submitted: _____

PERSONAL INFORMATION					
Last Name, First Name, Middle Initial			Home Telephone Number ()		
Street Address			Cell Phone Number ()		
City, State, Zip Code			Email Address:		
Position Applying For:			Expected Salary (Please Provide Figure or Range):		
Please check for the following certifications:					
Current:		A.M.A.P. ()	S.C.I.P. ()	First Aid/CPR Training ()	
Not Current/NA:		A.M.A.P. ()	S.C.I.P. ()	First Aid/CPR Training ()	
Other Special Skills or Training/Professional License (Please Specify):					
Do you have a valid N.Y. S. Driver's License? () Yes () No					
1. Have you ever been convicted of a moving violation (including, but not limited to, alcohol and drug related offenses)? () Yes () No					
2. Has your license ever been suspended or revoked? () Yes () No					
3. While driving, have you ever been involved in an occurrence involving harm to human beings or property damage? () Yes () No					
Language Spoken:			Date Available to Begin Work (Specify Date):		
EDUCATIONAL INFORMATION					
School	Name and Location	Course of Study	Number of Years Completed	Did you Graduate? Year	Degree or Diploma
Graduate					
College					
Business/Trade/Technical					
High School					
OTHER INFORMATION					
Are you able to perform all the essential functions of the job you are applying for? If "No", please explain. () Yes () No					
Are you legally eligible for employment within the United States? () Yes () No					
State the name of any relatives and friends working for us or referred you to us:					

EMPLOYMENT HISTORY

Please do not put "see resume" and give accurate and complete employment history. Start with your most recent employer.

Company Name	Telephone Number ()
Address	Employment Dates (State Month and Year) From: / / To: / /
Name of Supervisor	Salary (State Hourly, Weekly, Monthly, etc.)
Job Title and Brief Description of Duties: _____ _____ _____	Reason for Leaving: _____ _____ _____
	May we contact for Reference? () Yes () No

Company Name	Telephone Number ()
Address	Employment Dates (State Month and Year) From: / / To: / /
Name of Supervisor	Salary (State Hourly, Weekly, Monthly, etc.)
Job Title and Brief Description of Duties: _____ _____ _____	Reason for Leaving: _____ _____ _____
	May we contact for Reference? () Yes () No

Company Name	Telephone Number ()
Address	Employment Dates (State Month and Year) From: / / To: / /
Name of Supervisor	Salary (State Hourly, Weekly, Monthly, etc.)
Job Title and Brief Description of Duties: _____ _____ _____	Reason for Leaving: _____ _____ _____
	May we contact for Reference? () Yes () No

SIGNATURE

The information provided in this Employment Application is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my immediate dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If I decide to accept employment an investigative consumer reporting agency may be asked to report my credit and personal history, I authorize you to do so. If a report is obtained, you must provide, at my request, the name of the reporting agency so that I may obtain from them the same nature and substance of the information contained in my credit report.

Signature _____



COMMUNITY ACTION FOR HUMAN SERVICES, Inc.

SCHEDULE OF AVAILABILITY

Full Time

Part Time

Per Diem

Please Check Shift that Best Fits Your Availability

DIRECT CARE PROFESSIONALS ONLY

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>
<input type="checkbox"/> 6am – 2pm	<input type="checkbox"/> 6am – 2pm	<input type="checkbox"/> 6am – 2pm	<input type="checkbox"/> 6am – 2pm	<input type="checkbox"/> 6am – 2pm	<input type="checkbox"/> 6am – 2pm	<input type="checkbox"/> 6am – 2pm
<input type="checkbox"/> 7am – 3pm	<input type="checkbox"/> 7am – 3pm	<input type="checkbox"/> 7am – 3pm	<input type="checkbox"/> 7am – 3pm	<input type="checkbox"/> 7am – 3pm	<input type="checkbox"/> 7am – 3pm	<input type="checkbox"/> 7am – 3pm
<input type="checkbox"/> 3pm – 11pm	<input type="checkbox"/> 3pm – 11pm	<input type="checkbox"/> 3pm – 11pm	<input type="checkbox"/> 3pm – 11pm	<input type="checkbox"/> 3pm – 11pm	<input type="checkbox"/> 3pm – 11pm	<input type="checkbox"/> 3pm – 11pm
<input type="checkbox"/> 11pm – 7am	<input type="checkbox"/> 11pm – 7am	<input type="checkbox"/> 11pm – 7am	<input type="checkbox"/> 11pm – 7am	<input type="checkbox"/> 11pm – 7am	<input type="checkbox"/> 11pm – 7am	<input type="checkbox"/> 11pm – 7am

PROFESSIONALS & PARAPROFESSIONALS ONLY

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>
<u>From</u>	<u>From</u>	<u>From</u>	<u>From</u>	<u>From</u>	<u>From</u>	<u>From</u>
<u>To</u>	<u>To</u>	<u>To</u>	<u>To</u>	<u>To</u>	<u>To</u>	<u>To</u>