



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

**Applicant's Instructions:** Please complete the application and return it to our office 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:					
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? ( ) Yes ( ) No					
Languages 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
<b>Graduate</b>					
<b>College</b>					
<b>Business/Trade/Technical</b>					
<b>High School</b>					
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 of America? ( ) 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" give accurate and complete employment history. Start with your most recent employer.

<b>Company Name</b>	Telephone Number
Address	Employment Dates (State Month and Year) From: _____ To: _____
Name of Supervisor	Reason for Leaving: _____ May we contact for Reference? (    ) Yes                      (    ) No
Job Title and Brief Description of Duties: _____ _____ _____	
<b>Company Name</b>	Telephone Number
Address	Employment Dates (State Month and Year) From: _____ To: _____
Name of Supervisor	Reason for Leaving: _____ May we contact for Reference? (    ) Yes                      (    ) No
Job Title and Brief Description of Duties: _____ _____ _____	
<b>Company Name</b>	Telephone Number
Address	Employment Dates (State Month and Year) From: _____ To: _____
Name of Supervisor	Reason for Leaving: _____ May we contact for Reference? (    ) Yes                      (    ) No
Job Title and Brief Description of Duties: _____ _____ _____	

### 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: \_\_\_\_\_

Date: \_\_\_\_\_



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>