



EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

SELECT HUMAN SERVICES, a DIVISION OF NEW HOPE COMMUNITY, INC (SHS) is an Equal Opportunity Employer and will not discriminate against an applicant on the basis of age, sex, sexual orientation, race, color, creed, religion, ethnicity, national origin, alienage, citizenship, disability, marital status, military or veteran status, domestic violence victim status, predisposing genetic characteristics, or any other legally recognized protected basis under federal, state or local laws, regulations or ordinances.

GENERAL

PLEASE PRINT

Position applied for:		Date:
How were you referred to our Agency?		
State the names of any relatives and friends working with us: _____ (This information is necessary to avoid any direct reporting relationships in the Agency and other conflicts of interest)		
Have you previously been employed by SHS? <input type="checkbox"/> YES <input type="checkbox"/> NO	Position/Date held:	Reason for Leaving:

PERSONAL DATA

FIRST NAME	MIDDLE	LAST NAME		CONTACT INFORMATION				
Street Address			City	State	Zip Code		Home Phone:	
Preferred Contact			<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Text <input type="checkbox"/> E-Mail		Cell Phone:			E-Mail Address:
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? (You will be required to furnish proof of lawful work status if you are extended a job offer in accordance with the Immigration Reform and Control Act of 1986)								
ARE YOU OVER THE AGE OF 18?						<input type="checkbox"/> YES <input type="checkbox"/> NO		
Do you own a car?		WHEN ARE YOU AVAILABLE TO WORK?						
<input type="checkbox"/> YES <input type="checkbox"/> NO		MON	TUES	WED	THURS	FRI	SAT	SUN
FROM:		_____	_____	_____	_____	_____	_____	_____
TO:		_____	_____	_____	_____	_____	_____	_____
Are you willing to travel throughout Westchester County for assignments?				<input type="checkbox"/> YES <input type="checkbox"/> NO				
If not, how far will you commute? _____								
Are you willing to travel to Putnam County?				<input type="checkbox"/> YES <input type="checkbox"/> NO				
What languages do you read, write and speak fluently?								

EDUCATION

	NAME AND ADDRESS	GRADUATED		TYPE OF DEGREE, DIPLOMA OR MAJOR/MINOR FIELDS OF STUDY
		YES	NO	
High School or GED				
Colleges/Universities				
Graduate School				
Other				

OTHER RELATED LICENSES/TRAINING

Please list licenses/training/skills you have that relate to the services our agency provides. (Examples: LPN, CNA, HHA)

EMPLOYMENT RECORD

List employment in order from last to first. Please account for the past 10 years (Do not omit any employers). All sections must be complete even if resume is submitted. May we contact your current employer prior to a job offer? YES NO

EMPLOYER	Date from: (month/year)	Date to: (month/year)	
Address	Title		Reason for Leaving
Supervisor's Name	Contact Information Phone:		E-Mail:
Duties Performed			
EMPLOYER	Date from: (month/year)	Date to: (month/year)	
Address	Title		Reason for Leaving
Supervisor's Name	Contact Information Phone:		E-Mail:
Duties Performed			
EMPLOYER	Date from: (month/year)	Date to: (month/year)	
Address	Title		Reason for Leaving
Supervisor's Name	Contact Information Phone:		E-Mail:
Duties Performed			
EMPLOYER	Date from: (month/year)	Date to: (month/year)	
Address	Title		Reason for Leaving
Supervisor's Name	Contact Information Phone:		E-Mail:
Duties Performed			

APPLICANT UNDERSTANDING AND AGREEMENTS

I fully understand that nothing contained in this employment application is intended to create an employment contract between Select Human Services, a Division of New Hope Community, Inc. and the employee either for employment or regarding any particular term or condition of employment. I also understand that employment with the Agency is at-will and can be terminated, with or without cause, and with or without notice, at any time, for any reason or for no reason at all, at the option of the Agency or the employee.

I have been informed and understand that the Agency is required by law to request and review any criminal history information for persons performing certain job duties within the Agency. If the position I am applying for requires this background check, I will be required to provide information, statements and fingerprints and the Agency shall request information concerning me from the NYS Division of Criminal Justice Services, the Federal Bureau of Investigation and the Excluded Parties List of the General Services Administration, the Office of the Inspector General and New York State. I understand and accept the fact that my criminal history information (if any) that is communicated to the Agency may result in my disqualification as a candidate for employment. I further understand that I have the right to obtain, review and seek correction of my criminal history information and I have been informed of these rights. Upon the completion of the criminal background check, I will be informed of the procedures necessary to exercise these rights.

I attest that all information provided by me on the above employment application is true and complete to the best of my knowledge. I understand that if employed, falsified statements of any kind or omission of facts called for on this application will be considered sufficient basis for termination.

I give the Agency permission to verify all information provided on the application or in the interview(s), including the inquiry concerning criminal conviction(s), as well as contacting any and all of my previous employers, references and schools; and authorize them to provide all information requested of them by the Agency. I release SHS, my former employers and others providing information from all liability whatsoever resulting from the disclosure of such information.

I understand that a job offer is contingent upon passing various background checks including employment reference checks, Justice Center Staff Exclusion List, MHL 16.34 Abuse/Neglect History Check, State Central Registry of Child Abuse and Maltreatment Check, Criminal Background Check (if applicable) and Medicare Exclusion Check List.

If employment is obtained under this application, I will comply with all policies, procedures, rules and regulations of the Agency and am required to satisfactorily complete the required 90-day introductory period and mandatory training requirements.

SIGNATURE

PRINT NAME

DATE

January 2020