

2.

Type of employment desired: Full Time Part Time Temporary

Date available for work..... _____ / _____ / _____

Please check appropriate answer below and add explanation where necessary

	Yes	No
Have you ever been convicted of a felony in the last seven (7) years? <small>(Such conviction may be relevant if job related, but does not bar you from employment)</small>		
If yes, explain: _____ _____ _____		

EDUCATION

<i>Name and Address of School Attended</i>	<i>Number of Years Completed</i>	<i>Graduated</i>	<i>GPA</i>	<i>Specialization of Degree or Major</i>
<i>High School:</i>				
<i>College:</i>				
<i>College:</i>				
<i>Graduate:</i>				
<i>Other:</i>				

List any foreign language(s) you know fluently *(specify proficiency in reading and/or speaking the language)*.

EMPLOYMENT HISTORY

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience.

1.

From: _____/_____/_____ To: _____/_____/_____

Starting Salary: \$_____ Annually Weekly Hourly

Ending Salary: \$_____ Annually Weekly Hourly

<i>Employer</i>	<i>Telephone</i>	<i>Summarize the nature of the work performed and job responsibilities</i>
<i>Address</i>		
<i>Job Title</i>		
<i>Immediate Supervisor and Title</i>		
<i>Reason for Leaving</i>		
<i>May we contact for a reference?</i>		

2.

From: _____/_____/_____ To: _____/_____/_____

Starting Salary: \$_____ Annually Weekly Hourly

Ending Salary: \$_____ Annually Weekly Hourly

<i>Employer</i>	<i>Telephone</i>	<i>Summarize the nature of the work performed and job responsibilities</i>
<i>Address</i>		
<i>Job Title</i>		
<i>Immediate Supervisor and Title</i>		
<i>Reason for Leaving</i>		
<i>May we contact for a reference?</i>		

4.

3.

From: _____ / _____ / _____ To: _____ / _____ / _____

Starting Salary: \$ _____ Annually Weekly Hourly

Ending Salary: \$ _____ Annually Weekly Hourly

<i>Employer</i>	<i>Telephone</i>	<i>Summarize the nature of the work performed and job responsibilities</i>
<i>Address</i>		
<i>Job Title</i>		
<i>Immediate Supervisor and Title</i>		
<i>Reason for Leaving</i>		
<i>May we contact for a reference?</i>		

4.

From: _____ / _____ / _____ To: _____ / _____ / _____

Starting Salary: \$ _____ Annually Weekly Hourly

Ending Salary: \$ _____ Annually Weekly Hourly

<i>Employer</i>	<i>Telephone</i>	<i>Summarize the nature of the work performed and job responsibilities</i>
<i>Address</i>		
<i>Job Title</i>		
<i>Immediate Supervisor and Title</i>		
<i>Reason for Leaving</i>		
<i>May we contact for a reference?</i>		

5.

REFERENCES

List the name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable list three school or personal references that are not related to you.

<i>Name and Address Known</i>	<i>Telephone</i>	<i>Business or Personal</i>	<i>Years</i>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

PROFESSIONAL AFFILIATIONS AND MEMBERSHIPS

*List professional, trade, business or civic activities and any offices held.
Exclude memberships that would reveal race, creed, color, national origin, sex, age, disability, marital status, sexual orientation, or citizenship status.*

<i>Affiliation/Organization Years</i>	<i>Number of</i>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the Employer's service if I have been employed.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. I understand that this application is not and is not intended to be a contract of employment.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 90 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I consent to and authorize any named educational institution(s), and its agents and employees, to furnish any reference information concerning me, including achievement, degrees, disciplinary information relating to my attendance with the listed institution. It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment. I also hereby release the above named institution, and its agents and employees, from all liability for damages or claims, including but not limited to defamation, interference with contract, or prospective economic advantage and negligence, I have or may have which arise or result from any reference information provided pursuant to this authorization or any attempts to comply with this information.

I do hereby authorize the preparation of consumer reports and/or investigative consumer reports for employment purposes, including without limitation, for the purpose of evaluating me for employment, promotion, reassignment and retention as an employee, at any time prior to or during my employment and without giving any further notice.

I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

Signature of Applicant _____

Date ____/____/____

AN EQUAL OPPORTUNITY EMPLOYER



Bronx AIDS Services, Inc.

Human Resources Department

540 East Fordham Road, Bronx, New York 10458 718-295-5605/FAX 733-3429

PRE-EMPLOYMENT MAIL REFERENCE CHECK

This form is your authorization for Bronx AIDS Services to execute necessary reference checks prior to offering employment.
Please complete sections one (1) and (3).

To:

Name:
Title:
Company:
Address:
City/Zip Code
Telephone: Fax:

2.

Dear Employer:

The applicant named below has applied for employment with our agency. The applicant has indicated current or prior employment by you and has authorized a release of all information requested. The information you will furnish **WILL BE CONSIDERED IN STRICT CONFIDENCE**. Please fax back to (718) 733-3429 or mail to the above address. Thank you for taking the time needed to complete this form.

3.

Statement of Authorization

I authorize Bronx AIDS Services, Inc. to obtain all references necessary to make a hiring decision and authorize employer listed above to disclose information requested below. I will not hold parties authorized to disclose said information liable for the results of this process.

Applicant Signature: _____

Date ____/____/____

4.

To Be Completed by the Employer

Name _____

Social Security Number _____-_____-_____

Title When Employed: _____

Employment Dates: *From:* ____-____-____ *to* ____-____-____

Last Salary Amount \$ _____ Annual

Weekly

Hourly



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<i>Name:</i>	
<i>Title:</i>	
<i>Company:</i>	
<i>Address:</i>	
<i>City/Zip Code</i>	
<i>Telephone:</i>	<i>Fax:</i>

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Title When Employed: _____

Employment Dates: *From:* ____ - ____ - ____ *to* ____ - ____ - ____

Last Salary Amount \$ _____ Annual

Weekly

Hourly



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Employment Dates: *From:* ____ - ____ - ____ *to* ____ - ____ - ____

Last Salary Amount \$ _____ Annual

Weekly

Hourly

Nature of Duties While Employed:

Would you rehire this employee? Yes No (Explanation if necessary):
