



Children's Home Intervention Program

4300 Hylan Boulevard
Staten Island, NY 10312
Phone (718) 984-9022
Fax (718) 967-2073

APPLICATION FOR EMPLOYMENT

CHIP, Inc. has a policy of equal employment opportunity for all without discrimination because of race, color, religion, creed, sex, age, martial status, national origin or disability.

Last Name: _____ First Name: _____ Middle: _____

Street/ Apt: _____ City: _____ State: _____ Zip: _____

Social Sec#: _____ Home Phone: _____ Cell or Daytime Phone: _____

Email Address: _____ Fax Number: _____

Applying for job as: _____ Heard about CHIP through: (Name) _____

Are you legally eligible to hold employment in the USA? Yes No

Newspaper (Name) _____

Prof. Magazine (Name) _____

Other (Identify) _____

Are you under age 18? Yes No

Have you ever been convicted of a crime? (Conviction may not necessarily bar employment.) Yes No

EDUCATIONAL INFORMATION:

Do you possess a high school degree or equivalency diploma? Yes No

<u>Name and Address of School</u>	<u>Years attended</u>	<u>Year graduated</u>	<u>Degree/Major</u>
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College: _____

Graduate: _____

Other Degrees: _____

PROFESSIONAL CERTIFICATES, LICENSES: specify state of license and license number where appropriate.

OTHER SKILLS, LANGUAGES, QUALIFICATIONS, SPECIALIZATIONS:

Bilingual Language: _____

WORK HISTORY:

From/To Name Address of Employer Name of Supervisor/Title/Phone Job Title or Job Held/Reason for Leaving

REFERENCES:

Please list below the names, addresses and telephone numbers of persons that we may contact for reference checks. Please give three professional reference and one personal reference.

Agency/Company/Person Address Phone Number Person to Contact

1. _____

2. _____

3. _____

Personal Reference Name /Relationship to you Address Phone Number Person to contact

APPLICANT'S STATEMENT:

I agree that, upon being hired by *Children's Home Intervention Program (CHIP, Inc.)*, I will do the following:

1. Be fingerprinted by the New York City Department of Investigation.
2. Complete the State Register Clearance Form.
3. Meet all criteria regarding yearly physical exams/tests as it relates to my job.

I certify that the information contained in this application is true and correct to the best of my knowledge and understand that falsification or omission of information is grounds for refusal to hire or, if hired, immediate termination.

I authorize *CHIP, Inc.* to investigate all information and references for the purpose of securing information necessary in arriving at an employment decision. I also authorize my former employers, schools and personal references to provide to *CHIP, Inc.* any information they may have regarding me, whether or not it is on their records. I hereby release them and their company from all liability for divulging same.

If employment is obtained under this application, I understand that I am employed for no definite period of time, that my employment can be terminated at my option or the option of the agency at any time, and that no one has the authority to enter into agreement or contract contrary to above unless the agreement is made in writing and signed by an authorized representative of *CHIP, Inc.*

I understand and agree that I am required to conform to the policies, procedures, rules and regulations of *CHIP, Inc.* and that any offer of employment is conditional on the satisfactory completion of the verification process as required by the Immigration and Reform Control Act of 1986, giving acceptable proof of my identity and legal authority to work in the United States.

In signing below, I certify and acknowledge that I have read the above and understand it.

Signature: _____

Date: _____

Print Name: _____