



## APPLICATION FOR EMPLOYMENT

*(Please print)*

Care for the Homeless and Tolentine-Zeiser Community Life Center are Equal Opportunity Employers dedicated to a policy of non-discrimination on the basis of sex, race, religion, color, age, disability, national origin, ethnicity, sexual orientation, marital or citizenship status, past, present or future service in uniformed services, pregnancy, creed, genetic predisposition or carrier status, or other characteristics protected by law. Date \_\_\_\_\_

Name \_\_\_\_\_ SS# \_\_\_\_\_  
Last First Middle  
Present Address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
No. Street City State Zip Code (include Area Code)

Are you a United States citizen or else would you be able, after employment, to submit verification of your legal right to work in the United States?  Yes  No

Position(s) applied for (see List of Positions at [http://www.careforthehomeless.org/about/employment\\_SP.html](http://www.careforthehomeless.org/about/employment_SP.html)) \_\_\_\_\_

Introduced By: (specify) Newspaper Ad \_\_\_\_\_ Employment Agency \_\_\_\_\_ Present Employee \_\_\_\_\_  
Other \_\_\_\_\_

I am available to work Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ If Part-Time, indicate when you will be available for work: \_\_\_\_\_

Have you ever been employed by either agency? \_\_\_\_\_ If yes, when \_\_\_\_\_

1. Do you have any experience or skills which qualify you for the job for which you are applying?  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you have any reason to believe that you could not be bonded? \_\_\_\_\_  
\_\_\_\_\_

3. Describe your military service in the armed forces of the United States, if any: \_\_\_\_\_  
\_\_\_\_\_

4. Do you have any impairment, physical, mental or medical, which would prevent you from performing in a reasonable manner the activities involved in the job or occupation sought? \_\_\_\_\_ If yes, describe such condition: \_\_\_\_\_  
\_\_\_\_\_

5. Have you ever been convicted of a crime: Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes\*, please describe the offense involved, the date of the offense, the court in which you were convicted and any mitigating circumstances you might wish us to know: \_\_\_\_\_  
\_\_\_\_\_

*\*A conviction record will not necessarily be a bar to employment. Factors such as age and time of offense, seriousness and nature of violation, employment history before and after conviction, circumstances giving rise to offense and rehabilitation will be taken into account in connection with the duties and responsibilities of the position sought.*

## BACKGROUND CHECK

In order to comply with current laws and to protect our clients, as well as CFH/TZ and our employees, and in order to assure our partner agencies that our employees meet professional standards, all prospective employees of Susan's Place will receive a background check to verify their Social Security number, recent residency, any criminal convictions [see above], as well as clearance through the NYS Central Registry.

### AUTHORIZATION

I hereby authorize Care for the Homeless (or Tolentine Zeiser) to obtain any charges and/or convictions I may have had for federal and state criminal law violations. This information will include but not be limited to allegations and convictions for crimes committed upon minors and will be gathered from any law enforcement agency of this state or federal government, to the extent permitted by state and federal law.

Drivers License No. \_\_\_\_\_ State Issuing: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Recent Counties of Residency:

\_\_\_\_\_ Years \_\_\_\_\_

\_\_\_\_\_ Years \_\_\_\_\_

\_\_\_\_\_ Years \_\_\_\_\_

In authorizing a background check, I certify that the above information is accurate.

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

## RECORD OF EDUCATION/TRAINING

*(A current CV or resumé may be submitted in place of filling out the following sections. Please submit a copy of highest academic diploma or degree attained as well as any licenses or certifications you may hold.)*

	School Name & Address	No. of years completed	Did you graduate?	Diploma or Degree License/Certification	Average Grade
HIGH SCHOOL					
COLLEGE					
OTHER EDUCATION (TECHNICAL, GRADUATE, ETC.)					

List **other courses of study** you have pursued and **other languages** you are fluent in (if applicable):

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**RECORD OF EMPLOYMENT**

*(See note above re: supplying CV or résumé)*

List each job held, starting with the most recent. Account for all periods of time, including full-time employment, part-time employment, temporary employment, and all periods of unemployment.

Dates	Employer (Name, Address, Tel. No., Type of Business, Immediate Supervisor)	Position Held & Duties	Weekly Salary or Rate of Pay		Hours per Week	Reason for Leaving
			Starting	Final		
From/To:						
From/To:						
From/To:						
From/To:						

List three work-related, professional or academic references:

Name	Address	Tel. No.	Relationship

## REPRESENTATIONS BY APPLICANT

I understand and agree as follows:

If I am employed, (i) I will follow all rules established by the administration of **Susan's Place**, (ii) my employment is for no fixed term and may be curtailed or terminated at any time in the sole discretion of **Care for the Homeless** or **Tolentine-Zeiser** (as applicable) for any reason not contrary to law, (iii) I will work whatever days, hours and overtime as the administration of Susan's Place reasonably requests, and (iv) my hours and days of work may change at any time and from time to time, at the sole discretion the administration of Susan's Place.

I completed this application truthfully and completely. If I have not fully and honestly completed this application, **Care for the Homeless** or **Tolentine-Zeiser** (as applicable) may reject my application or dismiss me from employment at any time. I authorize **Care for the Homeless** or **Tolentine-Zeiser** (as applicable) to verify all of my answers to this application and to disseminate the information I gave on this application to any person or entity. I authorize all persons or entities listed in this application to give **Care for the Homeless** or **Tolentine-Zeiser** (as applicable) any information regarding me.

None of the above provisions may be waived or modified unless in writing and signed by an authorized representative of **Care for the Homeless** or **Tolentine-Zeiser** (as applicable).

I have read and understand the above and agree to it.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Applicants for Positions number 1 through 15** should mail this application (with resume and accompanying letter) to:

**Human Resources  
Care for the Homeless  
12 West 21<sup>st</sup> Street  
8<sup>th</sup> Floor  
New York, NY 10010-6902**

**Applicants for Positions 16 through 24** should mail this application to:

**Tolentine-Zeiser Community Life Center  
Susan's Place  
P. O. Box 580  
Bronx, NY 10470**

**Note to all applicants:**

The precise timing of the opening of Susan's Place is not known, but it is expected to occur in Spring 2007. Please check [http://www.careforthehomeless.org/services/susans\\_place.html](http://www.careforthehomeless.org/services/susans_place.html) for information about interviewing and opening.