

**TRANSITIONAL SERVICES OF NEW YORK FOR LONG ISLAND, INC.
HAVEN HOUSE/BRIDGES, INC.
EMPLOYMENT APPLICATION**

| | | | |
|------------------------------|--|-------------------------------|--|
| Date of application | | Date available to work | |
| Position applying for | | Social Security Number | |

| | | | |
|-----------------------------------|--|--------------------------------|--|
| Name | _____ | | |
| | Last | First | Middle Initial |
| Address | _____ | | |
| | Street | City | State Zip |
| Home Telephone | | Cell/Business Telephone | |
| NYS Driver's License | <input type="checkbox"/> Yes <input type="checkbox"/> No | Driver's License Number | |
| Classification | | Personal Auto | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Restrictions (note if any) | | | |

EDUCATION

| | | | |
|---|--|----------------------------|--|
| High School (name/address) | _____ | | |
| High School Diploma | <input type="checkbox"/> Yes <input type="checkbox"/> No | GED | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| College (name/address) | _____ | | |
| Major | | Degree | |
| Degree Awarded | <input type="checkbox"/> Yes <input type="checkbox"/> No | # of years attended | |
| Special Training | | | |
| Internships/Volunteer Activities | | | |

EMPLOYMENT HISTORY (most recent first; reverse chronological order)

| | | | |
|------------------------------|----------|---|--------------|
| Employer | | Dates Employed | |
| Address | _____ | | |
| | Street | City | State Zip |
| Supervisor Name/Title | | Telephone | |
| Salary | \$ _____ | <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Annually | |
| Job Title/Duties | | | |
| Reason for Leaving | | | |

| | | | |
|------------------------------|----------|---|--------------|
| Employer | | Dates Employed | |
| Address | _____ | | |
| | Street | City | State Zip |
| Supervisor Name/Title | | Telephone | |
| Salary | \$ _____ | <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Annually | |
| Job Title/Duties | | | |
| Reason for Leaving | | | |

| | | | |
|------------------------------|---|---|--|
| Employer | | Dates Employed | |
| Address | Street _____ City _____ State _____ Zip _____ | | |
| Supervisor Name/Title | | Telephone | |
| Salary | \$ _____ | <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Annually | |
| Job Title/Duties | | | |
| Reason for Leaving | | | |

PROFESSIONAL REFERENCES (References will be contacted and documentation of contacts and comments will be retained.)

| | | | |
|----------------|--|---------------------|--|
| Name | | Telephone | |
| Address | | Relationship | |

| | | | |
|----------------|--|---------------------|--|
| Name | | Telephone | |
| Address | | Relationship | |

| | | | |
|----------------|--|---------------------|--|
| Name | | Telephone | |
| Address | | Relationship | |

| | |
|---|--|
| May we contact your present employer(s)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| May we contact your former employer(s)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

I affirm that all information provided in this employment application or any other document for which I supplied information is true and correct. If we discover that any information stated herein is not true or correct, it will lead to immediate termination.

Signature

Date

I have never been convicted of a crime in this state or any other jurisdiction.

Signature

Date

Space below may be used to explain conviction circumstances. You may request additional paper.

| |
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This application does not constitute an offer of employment. Employment is at will and for no definite time period.

EQUAL OPPORTUNITY EMPLOYER

**TRANSITIONAL SERVICES OF NEW YORK FOR LONG ISLAND, INC.
HAVEN HOUSE/BRIDGES, INC.
Applicant's Statement**

The information I have provided on this application is accurate to the best of my knowledge and subject to verification by TSLI/HHB. I understand that any untrue statement or misrepresentation of fact in my application materials will be justification for dismissal.

I understand that any offer of employment by TSLI/HHB is conditional upon the satisfactory completion of all reference and clearance checks which may include information as to my work history and work habits, character, personal characteristics or general reputation obtained through interviews with business associates, personal references or through the Statewide Child Maltreatment Registry. I understand that any offer of employment is contingent upon fingerprinting results from the Office of Mental Health, the Department of Social Services or the Office of Children and Family Services.

I hereby authorize TSLI/HHB to obtain this information.

I understand that if employed, I am required to abide by all rules, regulations and policies of TSLI/HHB.

I understand that the use of this application does not indicate that there are any positions open and does not in any way obligate TSLI/HHB to offer me employment.

I understand that any offer of employment is subject to my providing proof of work eligibility, as required by federal law.

I understand that, if I am employed, my employment is not for any specific period and may be terminated at will by TSLI/HHB or me at any time and for any or no reason. I acknowledge that no other representations concerning the term of employment have been made to, or relied on by, me.

Signature _____ Date _____

**TRANSITIONAL SERVICES OF NEW YORK FOR LONG ISLAND, INC.
HAVEN HOUSE/BRIDGES, INC.
CONSENT TO RELEASE INFORMATION
FOR EMPLOYMENT REFERENCE**

I, _____, hereby authorize the release of all information related to my

employment with _____ to TSLI/HHB.

Signature _____ Date _____

**TRANSITIONAL SERVICES OF NEW YORK FOR LONG ISLAND, INC.
HAVEN HOUSE/BRIDGES, INC.
CONSENT TO RELEASE INFORMATION
FOR EMPLOYMENT REFERENCE**

I, _____, hereby authorize the release of all information related to my

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Signature _____ Date _____