



CP Nassau
380 Washington Avenue
Roosevelt, New York 11575

CP Bayville
85 Bayville Avenue
Bayville, New York 11709

Application for Employment

An Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

Date of Application _____

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Telephone () _____ Email: _____

Position(s) Applied For _____

How did you learn about us? cpnassau.org indeed.com Other website _____

Open House Job Fair College Other _____

Friend or Relative Name: _____

If you are under 18 and we employed you, could you furnish a work permit? Yes No

Have you ever filed an application here before? Yes No If yes, give date: _____

Have you ever been employed here before? Yes No If yes, give date: _____

Have you ever worked here under another name? Yes No If yes, state name: _____

Are you employed now? Yes No

May we contact your current employer? Yes No

On what date would you be available for work? _____

Are you available for work? Full Time Part Time Shift Work Temporary Summer

What shifts are you available to work? Days Evenings Overnights Weekdays Weekends

Do you have a valid driver's license? Yes No

Driver's license number _____ State issuing license _____

Indicate languages you speak, read, and/or write (other than English) which you believe are relevant to your qualifications for the position for which you are applying:

	Fluent	Good	Fair
Speak			
Read			
Write			

Education	Elementary				High				College/University				Graduate/Professional			
School Name																
Years Completed	5	6	7	8	1	2	3	4	1	2	3	4	1	2	3	4
Diploma/Degree																
Describe Course of Study:																
Describe licenses held, specialized training, apprenticeship, skills, and extra-curricular activities which you believe are relevant to your qualifications for the position for which you are applying:																
Honors Received:																
State any additional information you feel may be helpful to us in considering your application:																

Have you ever been convicted of a misdemeanor or felony in any jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any pending criminal charges against you in any jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever resigned from a job rather than face termination? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment Experience

Start with your current or most recent employment. Include volunteer activities. Exclude any information that may indicate race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

1	Employer	Telephone ()	Dates Employed		Work Performed
	Address		From	To	
	Job Title				
	Supervisor				
	Reason for Leaving				
2	Employer	Telephone ()	Dates Employed		Work Performed
	Address		From	To	
	Job Title				
	Supervisor				
	Reason for Leaving				
3	Employer	Telephone ()	Dates Employed		Work Performed
	Address		From	To	
	Job Title				
	Supervisor				
	Reason for Leaving				
4	Employer	Telephone ()	Dates Employed		Work Performed
	Address		From	To	
	Job Title				
	Supervisor				
	Reason for Leaving				
5	Employer	Telephone ()	Dates Employed		Work Performed
	Address		From	To	
	Job Title				
	Supervisor				
	Reason for Leaving				

List professional, trade, business or civic activities and office held which you believe are relevant to your qualifications for the position for which you are applying. (Exclude any information that may indicate race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law):

Give name, address, and telephone number of three references who are not related to you and are not previous employers:

① Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Telephone _____

② Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Telephone _____

③ Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Telephone _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I understand that a false answer to any question in the application process is grounds for immediate dismissal.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment and agree if hired, my employment will be at will in nature and may be terminated with or without cause by either myself or my employer. I also understand that this written statement supersedes any and all oral representation made by representatives of this Association.

In the event of employment, I agree that the Cerebral Palsy Association of Nassau County, Inc. shall not be liable in any respect if I am not hired or if I am terminated due to false, misleading, or omitted statements made by me. I understand also, that I am required to abide by all rules and regulations of the Association.

Applicant's Signature: _____ Date: _____