



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	If yes, provide details:
Are there any pending criminal charges against you in any jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide details:
Have you ever resigned from a job rather than face termination?  Yes      No	If yes, provide details:

# 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: \_\_\_\_\_

Upon completion, please email your completed application to **HR@cpnassau.org**