

BLOCK INSTITUTE

An exceptional place for exceptional people.

376 Bay 44th Street
Brooklyn, New York 11214
www.blockinstitute.org
(718) 906-5400

APPLICATION FOR EMPLOYMENT

Date of application: _____

Name: _____

Address: _____

Telephone: _____

Position applied for: _____

Program: _____

Are you 18 years of age or older? Yes No

Are you legally authorized to work in the United States? * Yes No

EDUCATION

High School Name	Address	# of years completed	Degree/Diploma
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_____	_____	_____	_____
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Post-graduate work and/or other relevant education or training (detail below):

**The Agency complies with the requirements of the Immigration Reform and Control Act of 1986 and hires only individuals who are legally authorized to work in the United States. Proof of citizenship or legal authorization to work in the United States will be required on the first day of work.*

EMPLOYMENT RECORD

Please detail your entire work history, beginning with your present or most recent job. Include full-time military and full-time volunteer commitments. Any omission of prior employment will be considered a falsification of information.

Employer: _____ Address: _____ Phone #: _____

E-mail address: _____

Supervisor's name: _____ Employment dates: _____ to _____

Work Performed: _____ Last rate of pay: _____

Reason for Leaving: _____

Employer: _____ Address: _____ Phone #: _____

E-mail address: _____

Supervisor's name: _____ Employment dates: _____ to _____

Work Performed: _____ Last rate of pay: _____

Reason for Leaving: _____

Employer: _____ Address: _____ Phone #: _____

E-mail address: _____

Supervisor's name: _____ Employment dates: _____ to _____

Work Performed: _____ Last rate of pay: _____

Reason for Leaving: _____

Employer: _____ Address: _____ Phone #: _____

E-mail address: _____

Supervisor's name: _____ Employment dates: _____ to _____

Work Performed: _____ Last rate of pay: _____

Reason for Leaving: _____

PERSONAL REFERENCES

(Please do **not** include any relatives or current employees of Block Institute.)

Name: _____

Phone: _____

E-mail address: _____

Name: _____

Phone: _____

E-mail address: _____

Name: _____

Phone: _____

E-mail address: _____

ADDITIONAL QUESTIONS

1. Have you ever worked for any of our agency's Programs? Yes No

If yes, circle all that apply:

Vocational Adult Day Service Residential Education Article 16 Clinic MSC FSS IT

Other (please identify): _____

2. Do you have any relatives who are employed by this agency? Yes No

If yes, please identify employee's name and program: _____

3. Have you ever been convicted of a misdemeanor or felony in any jurisdiction? Yes No
(If your record has been sealed or expunged, you can legally answer "no" to the above.)

4. Are there any pending criminal charges against you? Yes No

If yes to questions 3 and/or 4, please describe in detail all convictions and pending criminal charges:

5. Have you been convicted of any moving violations in the past 3 years? Yes No

If yes, please describe in detail all such violations: _____

6. Is there any information we need about your name, or use of another name, for us to be able to check your work record? Yes No

If yes, please specify: _____

7. Have you ever had an allegation of abuse or neglect of a developmentally disabled person confirmed against you? Yes No

If yes, please specify: _____

AGENCY'S STATEMENT

Block Institute is an equal opportunity employer. This means that all employment decisions, including offers of employment, are made without regard to race, color, national origin, sex, age, religion, disability, military status, citizenship status, marital status or sexual orientation, or any other characteristic protected by law. If you need any assistance or reasonable accommodation in completing this application or during the interview process, please contact Human Resources.

No applicant will be summarily rejected due to a conviction record; various mitigating factors will be considered. Applicants with convictions who are denied employment have the right to request and receive a written explanation of the reason for the denial. All disclosures of information regarding conviction records or pending charges will be kept confidential.

APPLICANT'S STATEMENT

I have read and understood the foregoing questions. I certify that all the statements herein are true and complete. If I have submitted a resume with this application, I represent that the information contained therein is true and complete. I understand that any falsification or omission of information shall be sufficient cause for dismissal or refusal of employment.

I understand that Block Institute will conduct an investigation to verify all data provided in this application, including my resume, and as represented by me during oral interviews. I authorize all entities identified in this application, except my current employer if so noted, to provide information to Block Institute in connection with my application for employment, and release those supplying information from all liability.

I understand that any offer of employment, if tendered, does not constitute a contract for guaranteed or continued employment, and may be withdrawn with or without cause. I acknowledge that I have not relied on any statement from any recruiter, interviewer or other agency representative concerning the term or any other condition of employment and that no agreement concerning these matters is binding on Block Institute unless in writing and signed by the Chief Executive Officer. In the event I am employed by Block Institute, I understand that my employment will be "at-will" and can be terminated with or without cause or notice by either party.

I understand this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.

Applicant Signature

Date

RELEASE OF INFORMATION CONSENT FORM

(sign only **one** release)

Complete Release Consent

I authorize Block Institute to contact all references and prior employers listed on my job application

Applicant Signature

Date

OR

Conditional Release Consent

I authorize Block Institute to contact all references and prior employers listed on my job application, **with the exception of my current employer.**

I understand that if I am offered a position at Block Institute, my current employer will be contacted for a reference and that my offer of employment will be conditioned on whether such reference is favorable.

Applicant Signature

Date

REFERENCE CHECK RESULTS

(for office use only)

Last place of employment:

1. Company Name: _____ Called on: _____

Spoke with (include title): _____

Comments: _____

2. Company Name: _____ Called on: _____

Spoke with (include title): _____

Comments: _____

3. Company Name: _____ Called on: _____

Spoke with (include title): _____

Comments: _____

4. Company Name: _____ Called on: _____

Spoke with (include title): _____

Comments: _____

Personal References:

1. Spoke with: _____

Comments: _____

2. Spoke with: _____

Comments: _____

3. Spoke with: _____

Comments: _____

Name & title of person completing reference form: _____