

CHC LEARNING CENTER

A Program Of The Center For Handicapped Children, Inc.

1085 Eggert Road

Amherst, New York 14226

Voice: (716) 831-8422

Fax: (716) 831-8428

Email: info@chcrainbow.com

Email: info@chcrainbow.com Web: www.chcrainbow.com

APPLICATION FOR EMPLOYMENT

This application for employment shall be considered active for a period of time not to exceed 45 days from the date of this application.

We consider applicants for all positions without regard to race, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Position(s) Applied For:	Date of Application:
How Did You Learn About Us? Advertisement Friend Walk-In Employment Agency Relative Other	
Why are you interested in working at CHC?	

Last Name	First Name	Middle Initial
Address		Phone Number
City	State	Zip Code

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever been employed with us before? Yes No If Yes, give dates _____

If applying for a teaching position please supply the following:

State Certified In _____ Permanent or Provisional _____ Field _____ Date Issued _____
Certificate # _____

If applying for a Nursing or Therapist position please supply the following:

Registration # _____ Professional License # _____ Certification # _____

In what states are you registered/licensed/certified _____ Expiration _____

Have you ever been excluded or sanctioned by either the Medicare or Medicaid program? Yes No

Have you ever been the subject of an investigation, audit or review by a federal or state governmental agency related to the provision of child or health care services or any claim for reimbursement? Yes No

If yes, please explain _____

Are you currently employed? Yes No On what date would you be available for work? _____

Are you currently available to work Full Time Part-Time Temporary

CHC IS AN EQUAL OPPORTUNITY EMPLOYER

Are you currently on lay-off status and subject to recall? Yes No

Can you travel if the job requires it? Yes No

Have you been convicted of a felony? Yes No

(A conviction record will not necessarily be a bar from employment. Factors such as age and time of offense, seriousness and nature of the violation, and rehabilitation will be taken into account.)

If yes, please explain:

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Address (include street, city and zip code)	
Job Title		Duties Performed	
Supervisor's Name			
Phone Number	Hourly Rate/Salary	Dates Employed (mm/dd/yyyy)	
		From	To
Reason For Leaving			
Employer		Address (include street, city and zip code)	
Job Title		Duties Performed	
Supervisor's Name			
Phone Number	Hourly Rate/Salary	Dates Employed (mm/dd/yyyy)	
		From	To
Reason For Leaving			
Employer		Address (include street, city and zip code)	
Job Title		Duties Performed	
Supervisor's Name			
Phone Number	Hourly Rate/Salary	Dates Employed (mm/dd/yyyy)	
		From	To
Reason For Leaving			

CHC IS AN EQUAL OPPORTUNITY EMPLOYER

Describe any specialized training or skills applicable to the job you are applying for

REFERENCES

(please complete information below for 3 individuals that can be contacted for reference information)

REFERENCE #1 Please Check appropriate reference type: Personal Employment

Name:			
<i>Last</i>	<i>First</i>	<i>Middle</i>	
Business Name:			
Address:			
City:	State:	Zip Code:	Daytime Phone: ()
Does Reference speak English <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please specify language spoken:			

REFERENCE #2 Please Check appropriate reference type: Personal Employment

Name:			
<i>Last</i>	<i>First</i>	<i>Middle</i>	
Business Name:			
Address:			
City:	State:	Zip Code:	Daytime Phone: ()
Does Reference speak English <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please specify language spoken:			

REFERENCE #3 Please Check appropriate reference type: Personal Employment

Name:			
<i>Last</i>	<i>First</i>	<i>Middle</i>	
Business Name:			
Address:			
City:	State:	Zip Code:	Daytime Phone: ()
Does Reference speak English <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please specify language spoken:			

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days from the date of application. If I wish to be considered for employment beyond this time period I should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an at will nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause within the limits of the law. It is further understood that this at will employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by The Center for Handicapped Children, Inc.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

Proof of citizenship or immigration status will be required upon employment.

Signature of Applicant _____ Date _____

**CONSENT AND AUTHORIZATION TO RELEASE
EMPLOYMENT/EDUCATIONAL INFORMATION**

I, understand and agree that The Center for Handicapped Children, Inc., or any agent acting on their behalf, as well as any other person responding to a reference request pursuant to this application, can and will seek and/or disclose any and all information about me which said corporation, agent, or person may have. I specifically authorize said disclosure and agree to hold all such corporations, agents, or persons harmless for same. That is, I will not file a lawsuit, claim, or charge against them for such disclosure. Nor will I threaten same or otherwise seek any kind of compensation for such disclosure.

Signature _____ Date _____