

# ESPERANZA CENTER

516 WEST 181<sup>st</sup> STREET, NEW YORK, NY 10033  
TEL. 212-928-5810 FAX 212-740-2053



## EMPLOYMENT APPLICATION

**Name:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_  
(First) (Middle) (Last)

**Address:** \_\_\_\_\_  
(#) (Street) (Apt.)  
\_\_\_\_\_  
(City) (State) (Zip Code)

**Telephone Number:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

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## EMPLOYMENT HISTORY

(List former employment, beginning with most recent)

Name & Address of Company: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Tel: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
(month/year) (month/Year)

Describe the work you did: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Name & Address of Company: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Tel: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
(month/year) (month/Year)

Describe the work you did: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Other than the above, if you have previously worked with people with developmental disabilities, complete the following:

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(Name of Agency) (Address) (Dates worked)

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(Name of Agency) (Address) (Dates worked)

**EDUCATIONAL HISTORY**

High School: \_\_\_\_\_  
(Name) (Location) (Diploma Yes/No & type)

College: \_\_\_\_\_  
(Name) (Location) (Diploma Yes/No & type)

Other: \_\_\_\_\_  
(Name) (Location) (Diploma Yes/No & type)

Professional License #: \_\_\_\_\_

List two professional references (Including name, address, and phone number)

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Tel.: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Tel.: \_\_\_\_\_

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**READ THIS INTRODUCTION CAREFULLY BEFORE ANSWERING ANY OF THE FOLLOWING QUESTIONS**

Esperanza is an equal opportunity employer. Federal and/or State law prohibits discrimination in employment because of race, color, sex, age, religion, disability, marital status, sexual orientation, citizenship status, national origin, ethnic background or political affiliation.

Answer only the questions which apply to the position for which you are applying.

1. Languages: \_\_\_\_\_ Speak \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_  
\_\_\_\_\_ Speak \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_

2. Please note areas of Special Skills (e.g. Art, Athletics, Dance, Theater, Etc.)

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3. If you are applying for a clerical position:

Typing (WPM): \_\_\_\_\_ Other clerical skills \_\_\_\_\_

4. If you are applying for a bookkeeper position, have you ever been convicted of a crime?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not applicable

5. If you are applying for a direct care position or a position in any location where you may have direct contact with clients served, have you ever been convicted of a crime or do you have any open criminal charges pending:

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not applicable

(A criminal background check is required by State Law for anyone who will have regular, unsupervised contact with clients. You may withdraw this employment application at any time. A conviction is not a bar to employment unless it is job related. Moreover, if your answer is affirmative, you have a right, if you are denied employment, to a written statement concerning the reason(s) for the denial.)

6. If you are applying for a position which requires the operation of a motor vehicle,

Driver's license number: \_\_\_\_\_

Have you ever had your driver's license suspended or revoked?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give dates and reason. \_\_\_\_\_

In consideration of my employment, I agree to conform to the rules and regulations of the agency and recognize that my employment may be terminated or altered with or without cause, at any time, at the option of the agency. I also understand that I may terminate employment at any time without penalty. I understand that no supervisor, coordinator or representative of the agency other than the Executive Director or the Program Director has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to this statement.

I further understand that, depending on the position for which I am applying, my past history with the Statewide Central Registry of Child Abuse and my past history of involvement in reportable incidents will be investigated and may be used to determine my suitability for the position.

I have answered each question on my employment data fully and correctly. I understand that any deliberate misstatement will disqualify me for employment, or will cause termination of employment.

I authorize Esperanza Center to fully investigate my employment references.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_