



Settlement Health

212 East 106th Street
New York, NY 10029

Tel: 212-360-2600
Fax: 212-360-2618
Fax: 212-360-2681

APPLICATION FOR EMPLOYMENT

To applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading.

Date: _____

PERSONAL

Name _____

Present address: _____

Tel.#: _____

Are you eligible for employment in the U.S.A.? Yes No

Position(s) you are applying for _____

Would you work full-time? Yes No part time? Yes No

Were you previously employed by us? Yes No If yes, when? _____

Have any of your relatives ever been employed by us? Yes No Are any of your relatives currently employed with us? Yes No Indicate their name(s)

Have you ever been convicted of a crime, excluding misdemeanors? Yes No
If yes, please describe in full _____

Are there any, skills, qualifications or experience that you feel would especially fit you to work with our organization?

RECORD OF EDUCATION

Name and address of High School:

Course of study _____
Circle Last year completed 1 2 3 4
Did you graduate? [] Yes [] No
Did you receive a Diploma? [] Yes [] No

Name and address of college:

Course of study _____
Circle Last year completed 1 2 3 4
Did you graduate? [] Yes [] No
List Diploma or Degree _____

Name and address of other (specify):

Course of study _____
Circle Last year completed 1 2 3 4
Did you graduate? [] Yes [] No
List Diploma or Degree _____

RECORD OF EMPLOYMENT

Please start with your most recent job

1) Name, address, telephone number and type of business

From _____ To _____
month/year month/year

Briefly describe the type of work you did _____

Last salary _____
Reason for leaving _____

Supervisor's name _____

WORK REFERENCES

1) Name: _____
Address: _____
Telephone Number: _____
Occupation: _____

2) Name: _____
Address: _____
Telephone Number: _____
Occupation: _____

3) Name: _____
Address: _____
Telephone Number: _____
Occupation: _____

MILITARY SERVICE RECORD

Were you in the U.S. Armed Forces? Yes No If yes, what branch? _____
Date of duty: from _____ to _____
Month/Day/Year Month/Day/Year
Rank at discharge: _____

PLEASE READ & SIGN BELOW

I attest that the information set forth in my application for employment is true and complete.
I understand that any misrepresentation, deception, or false statement made in this Employment Application may result in my not being considered for employment, and if not discovered by the company until after my becoming employed, is grounds for, and may result in, my immediate termination.

Signature of Applicant