

**APPLICATION  
FOR EMPLOYMENT**

**West Harlem Group Assistance, Inc  
1652 Amsterdam Avenue, NY, NY 10031**

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

**(PLEASE PRINT)**

Position(s) Applied For		Date of Application	
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s) ( ) ( )	Social Security Number (voluntary) — —		

How did you Learn About Us?  
 Advertisement \_\_\_\_\_ Friend \_\_\_\_\_ Inquiry \_\_\_\_\_ Employment Agency \_\_\_\_\_ Relative \_\_\_\_\_ Other \_\_\_\_\_

Best time to contact you at home is: \_\_\_\_\_:\_\_\_\_\_ AM  
 \_\_\_\_\_:\_\_\_\_\_ PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Have you ever filed an application with us before? If yes, give date \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Have you ever been employed with us before? If yes, give date \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Do any of your friends or relatives work here? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, state name, relationship and location \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_  
 Name Address Phone Number

What foreign languages do you speak fluently? \_\_\_\_\_

Read \_\_\_\_\_ Write \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? \_\_\_\_\_ Yes \_\_\_\_\_ No  
**Proof of citizenship or immigration status will be required upon employment.**

Date available for work \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary

Can you travel if a job requires it? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Have you been convicted of a felony or misdemeanor within the last 5 years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes explain \_\_\_\_\_

Conviction will not necessarily disqualify an applicant from employment.

**EDUCATION**

School	Name and Address of School	Course of Study	No. of Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate / Professional				
Other (specify)				

**ADDITIONAL INFORMATION**

State any additional information you feel may be helpful to us in considering your application, including any job related training in the U.S. Military.

---

**WORK EXPERIENCE**

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

Employer	Date Employed From	Date Employed To	Work Performed
Address	Hourly Rate/ Starting Salary \$	Hourly Rate / Final Salary \$	
Telephone Number(s)			
Job Title:			
Supervisor :			
Reason For Leaving		May We Contact _____ Yes _____ No	
Employer	Date Employed From	Date Employed To	Work Performed
Address	Hourly Rate/ Starting Salary \$	Hourly Rate / Final Salary \$	
Telephone Number(s)			
Job Title:			
Supervisor :			
Reason for Leaving		May We Contact _____ Yes _____ No	
Employer	Date Employed From	Date Employed To	Work Performed
Address	Hourly Rate/ Starting Salary \$	Hourly Rate / Final Salary \$	
Telephone Number(s)			
Job Title:			
Supervisor :			
Reason for Leaving		May We Contact _____ Yes _____ No	

**PERSONAL/PROFESSIONAL REFERENCES** Do not include family members.

NAME	PHONE NUMBER	BEST TIME TO CALL	OCCUPATION
1.			
2.			
3.			

## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

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

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 Employee at any time with or without cause. 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 an authorized executive of this organization.

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**