



Position Sought: _____

Date Received: _____

<p>Please check preference:</p> <p><input type="checkbox"/> Full-time</p> <p><input type="checkbox"/> Part-time</p> <p><input type="checkbox"/> Substitute</p>	<p>Position Applying For:</p> <p><input type="checkbox"/> Supplemental Classroom Aide <input type="checkbox"/> Teacher Assistant</p> <p><input type="checkbox"/> Pre-School Teacher <input type="checkbox"/> School-Age Teacher <input type="checkbox"/> Registered Nurse</p> <p><input type="checkbox"/> Occupational/Physical/Speech Therapist</p> <p><input type="checkbox"/> Direct Support Professional <input type="checkbox"/> Production Supervisor</p> <p><input type="checkbox"/> Medicaid Service Coordinator <input type="checkbox"/> Rehabilitation Counselor</p> <p><input type="checkbox"/> Maintenance <input type="checkbox"/> Custodial <input type="checkbox"/> Secretarial <input type="checkbox"/> Other</p>
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Personal Information

Name _____ Home Phone Number _____ Cell _____

Last First

Current Address _____

Number & Street City State Zip Code

Previous Address _____

Number & Street City State Zip Code

E-mail _____ Social Security Number _____

Do you have any restrictions, personal or otherwise, which would restrict the hours you can work?

☐ Yes ☐ No If yes, identify hours and/or dates restricted: _____

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status?

☐ Yes ☐ No (Proof of immigration status or citizenship will be required upon employment.)

Are you 18 years of age or older? ☐ Yes ☐ No

Have you ever worked for Catalician Center before? ☐ Yes ☐ No If so, when? _____

Reason for leaving: _____

Rate of Pay expected _____ If referred, by whom? _____

Catalician Center for Learning is an Equal Employment Opportunity Employer. Catalician Center does not discriminate with regard to employment, including but not limited to race, creed, color, national origin, sex, marital status, sexual orientation, age, disability, veteran status, genetic predisposition or arrest record.

Note: Employment applications are only considered active for sixty (60) days from receipt.

Have you ever been convicted of a crime, felony or misdemeanor, excluding minor traffic offenses? ☐ YES ☐ NO

If yes, please provide explanation: _____

City: _____

Date: _____

Charge: _____

Disposition: _____

Are you now, or have you ever been, the subject of an indicated report of child abuse or neglect?

☐ YES ☐ NO Date: _____ If yes please explain:

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Your answer is looked upon as only one of the factors considered in the employment decision and is evaluated in terms of the nature, severity, and date of the offense. No applicant will be excluded from consideration for employment due to prior arrests.

Certifications

Please copy exact wording from Certificate and indicate if pending.

Title of Certificate Subjects and/or Grades	Provisional/Permanent/ Initial/Professional	Number	Effective Date	Expiration Date	State

Education

EDUCATION	NAME OF SCHOOL CITY AND STATE	Highest Grade Completed (check)	Did you graduate? (check)	Degree/Major/Minor
High School		1 2 3 4	Yes No	
College(s)		1 2 3 4	Yes No	
Graduate School		1 2 3 4	Yes No	
Technical, Business, or Other		1 2 3 4	Yes No	

Employment History

(Start with your present or most recent position. Include experience in the armed forces of the U.S. Account for all periods of time. Please fill out all information, even if attaching resume.)

Dates	Name and Address of Employer	Supervisor's Name, Title and Telephone Number	Salary
From:			Starting:
To:			Leaving:
Reason for Termination:			
Summarize the nature of the work you performed and your major responsibilities:			
Dates	Name and Address of Employer	Supervisor's Name, Title and Telephone Number	Salary
From:			Starting:
To:			Leaving:
Reason for Termination:			
Summarize the nature of the work you performed and your major responsibilities:			
Dates	Name and Address of Employer	Supervisor's Name, Title and Telephone Number	Salary
From:			Starting:
To:			Leaving:
Reason for Termination:			
Summarize the nature of the work you performed and your major responsibilities:			

Have you ever been discharged or asked to resign by an employer? ☐ YES ☐ NO

If yes, please explain and state circumstances: _____

References

Please include at least 3 references that have knowledge about your character, scholarship, and professional abilities.
Do NOT include relatives or previous employers

Name	Position	Mailing Address	Telephone

Is additional information relative to change of name, use of an assumed name, or nickname, necessary to enable a check on your school or employment records? ☐ YES ☐ NO

If yes, please provide: _____

Describe specialized training, apprenticeships, skills and extra-curricular activities. Summarize special skills and qualifications you have acquired from employment or other experiences, including seminars or workshops completed. Do not include any organization which may indicate your political affiliation, age, religion, national origin, color, marital status, sexual orientation, disability, veteran status, or other protected status.

Have you served in the United States Armed Forces? ☐ YES ☐ NO

Date entered: _____ Date discharged: _____

A dishonorable discharge is only one of the factors considered in the employment decision and is not an absolute bar to employment.

Please indicate if you hold any of the following certifications (check all that apply).

☐ First Aid ☐ CPR ☐ SCIP/R ☐ Med. Certified

APPLICANT'S AGREEMENT:

I hereby represent that each answer to a question herein and on any attachments to the application, and all other information otherwise furnished is true and correct. I further represent that such answers and information constitute a full and complete disclosure of my knowledge with respect to the question or subject to which the answer or information relates. I understand that any incorrect, incomplete or false statements, or information furnished by me during the selection process will subject me to disqualification from consideration or discharge at any time. I hereby authorize my former employers to give any information regarding my employment with them and in addition, to furnish any other information they may have concerning me.

I understand this Application for Employment does not constitute an expressed or implied contract of employment and, if hired, I have the right to terminate my employment for any reason at any time. I also understand Cantalician Center for Learning reserves the same rights. I understand Cantalician Center for Learning reserves the right to unilaterally change or modify "wage" and "conditions of employment" at any time without previous notice.

I further understand that in the event I receive an offer of employment, I will be required to submit to a post-offer pre-employment drug test. The offer of employment will be revoked, or employment will be terminated, in the event of a positive test result. Any offer of employment may be revoked or employment will be terminated based on adverse information obtained by the Cantalician Center during the background investigation process.

Signature of Applicant

Date

To complete the application process, please forward this application to:

Cantalician Center for Learning, Inc.
Attention: Human Resources Department
2049 George Urban Blvd.
Depew, New York 14043
positions@cantalician.org

CONSUMER REPORT DISCLOSURE STATEMENT

In compliance with the Fair Credit Reporting Act (Public Law 91-508), you are notified that in connection with and in order to better evaluate this application for employment, a report may be obtained which will provide applicable information concerning character, general reputation and personal characteristics including, but not limited to, verification of prior employment, verification with the Department of Motor Vehicles, and a character check, including verification and review of any criminal convictions. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of the nature and scope of the report requested.

I hereby authorize Cantalician Center for Learning to procure a consumer report as set forth above.

Signature of Applicant

Date

TEACHER APPLICATION SUPPLEMENT

Name: _____

Date Received: _____

Student Teaching

Please complete the following section **ONLY** if you have less than 3 years regular full-time teaching employment

Experience	No. of Weeks	Describe Type of Situation and Work You Did
School & Location		

Student Teaching References: Please include Cooperating Teachers

Name	Position	Mailing Address	Telephone

I hereby represent that each answer to a question herein, and on any attachments to the application, and all other information otherwise furnished is true and correct. I further represent that such answers and information constitute a full and complete disclosure of my knowledge with respect to the question or subject to which the answer or information relates. I understand that any incorrect, incomplete or false statements, or information furnished by me during the selection process will subject me to disqualification from consideration or discharge at any time. I hereby authorize my former employers to give any information regarding my employment with them, and in addition, to furnish any other information they may have concerning me.

I understand this Application for Employment and Teacher Application Supplement does not constitute an expressed or implied contract of employment and, if hired, I have the right to terminate my employment for any reason at any time. I also understand the Cantalician Center for Learning reserves the same rights. I understand the Cantalician Center for Learning reserves the right to unilaterally change or modify "wage" and "conditions of employment" at any time without previous notice.

I further understand that in the event I receive an offer of employment, I will be required to submit to a post-offer drug test. The offer of employment will be revoked, or employment will be terminated, in the event of a positive test result. Any offer of employment may be revoked or employment will be terminated based on adverse information obtained by the Cantalician Center during the background investigation process.

Signature of Applicant

Date

DRIVER APPLICATION SUPPLEMENT

Name: _____

Date Received: _____

DRIVER'S LICENSE INFORMATION (Must be completed by all applicants for positions which include driving as an essential function of the job.)

State _____

Class _____

Expiration Date _____

Driver's License Endorsements _____

Driver's License Restrictions _____

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? ☐ Yes ☐ No

B. Has any license, permit or privilege ever been suspended or revoked by any state? ☐ Yes ☐ No

IF THE ANSWER TO EITHER A OR B WAS YES, PLEASE EXPLAIN THE DETAILS ON THE LINES BELOW.

TRAFFIC CONVICTIONS AND FORFEITURES (for the past 3 years, do not list parking violations)

Court Location	Date of Conviction	Charge	Penalty	Points

ACCIDENT RECORD (for the past 3 years) (involving persons and/or property)

Date of Accident	Location - City, State	Nature of Accident	Fatal?

Use the lines provided below to explain any of the above information concerning the accidents and traffic convictions listed:

DRIVER APPLICATION SUPPLEMENT CONT'D.

I hereby represent that each answer to a question herein, and on any attachments to the application, and all other information otherwise furnished is true and correct. I further represent that such answers and information constitute a full and complete disclosure of my knowledge with respect to the question or subject to which the answer or information relates. I understand that any incorrect, incomplete or false statements, or information furnished by me during the selection process will subject me to disqualification from consideration or discharge at any time. I hereby authorize my former employers to give any information regarding my employment with them, and in addition, to furnish any other information they may have concerning me.

I understand this Application for Employment and Driver Application Supplement does not constitute an expressed or implied contract of employment and, if hired, I have the right to terminate my employment for any reason at any time. I also understand the Cantalician Center for Learning reserves the same rights. I understand the Cantalician Center for Learning reserves the right to unilaterally change or modify "wage" and "conditions of employment" at any time without previous notice.

I further understand that in the event I receive an offer of employment, I will be required to submit to a post-offer drug test. The offer of employment will be revoked, or employment will be terminated, in the event of a positive test result. Any offer of employment may be revoked or employment will be terminated based on adverse information obtained by the Cantalician Center during the background investigation process.

Signature of Applicant

Date