

P.E.A.C.E., Afterschool Program, Inc.
100 Terrace Ave., Ste. 110
Hempstead, NY 11520
516-633-1069

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Employment Application

Please Print Clearly and Legibly

Position Desired: _____ Date of Application: _____

Last Name _____ First Name _____ Middle Name _____

Street Address _____ APT# _____ City _____ State _____ Zip _____

Home Telephone _____ Cellular Telephone _____

Email Address _____ DOB _____ Social Security _____ - - - - -

Have you ever applied for employment with us before? Yes No If yes, give date:

Days Available: Monday Tuesday Wednesday Thursday Friday

Are you 18 years of age or older? Yes No

Are you legally authorized to work in the United States? Yes No

Do you have a valid and clean New York State Driver's License? Yes No

Do you have a relative who is currently employed with the organization? If yes, please list the name of relative(s), title(s) of employment:

Were you recommended by a current employee? If yes, write name of this person below:

Education (Please indicate all education related to the position you are applying for):

High School: _____ Address: _____

Course of Study: _____

Did you graduate? Yes No Degree or Diploma: _____ G.P.A. _____

College(s): _____ Address: _____
_____ Address _____

Course of Study:

Did you graduate? Yes [] No [] Degree or Diploma: _____ G.P.A. _____

Employment History (please list employers beginning with the most recent):

Company Name: _____ Telephone: _____

Address: _____

Position held: _____ Date of employment: from ____ / ____ until ____ / ____

Type of work performed: _____

Manager's Name: _____ Manager's Title: _____

Reason for leaving: _____

Salary: _____ (Annual or per hour) May we contact employer: Yes [] No []

Company Name: _____ Telephone: _____

Address: _____

Position held: _____ Date of employment: from ____ / ____ until ____ / ____

Type of work performed: _____

Manager's Name: _____ Manager's Title: _____

Reason for leaving: _____

Salary: _____ (annual or per hour) May we contact employer: Yes [] No []

Company Name: _____ Telephone: _____

Address: _____

Position held: _____ Date of employment: from / ____ until ____ / ____

Type of work performed: _____

Manager's Name: _____ Manager's Title:

Reason for leaving: _____

Salary: _____ (annual or per hour) May we contact employer: Yes No

Do you have any prior or current experience as an employee, volunteer or certified provider with any agency? Do you have any prior or current experience in direct care work relevant to the position for which you are applying? Yes No , If Yes, please list:

Personal/Professional References (do not include family members or past supervisors)

Name: _____ Telephone: _____

Relation: _____ Occupation: _____

Name: _____ Telephone: _____

Relation: _____ Occupation: _____

Name: _____ Telephone: _____

Relation: _____ Occupation: _____

Have you ever been debarred or ineligible from participating in a Federal or State health program or convicted of a misdemeanor or felony in any jurisdiction? (A criminal conviction will not necessarily bar employment) Yes, when _____ No

To help us evaluate, please describe the nature of the crime and your subsequent rehabilitation.

Have you ever been reported to have engaged in physical abuse that has resulted in a criminal conviction that has not been expunged or sealed by a court. Yes, when No

If Yes, please describe the nature of the crime or subsequent rehabilitation and any other factors which we should consider in evaluating whether your employment this organization would present a safety or security risk.

Are there any pending criminal charges against you in any jurisdiction? Yes No If Yes, please provide a brief explanation:

Applicant's Name: _____

Date of Application: _____

We are looking for energetic and dedicated people to work with this organization. Please take a few minutes to share with us why you are interested in working with the organization. Include any attributes you believe would positively impact the lives of the students we serve.

I certify that all statements and answers in this application are true, complete and made without any reservations or evasion. I understand that any false, misrepresentation, or omission of requested information in this application may be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with P.E.A.C.E. Afterschool Program, Inc, Summer Camp "At Will" nature, which means that the Employee may resign at any time and the Employer any discharge the 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 the P.E.A.C.E. Afterschool Program, Inc. Summer Camp Board of Trustees.

I represent and warrant that I have and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant: _____ Date: ____ / ____ /__

Please note that this application for employment shall be considered active for a period of time not to exceed 90 days.