



BUFFALO FEDERATION OF NEIGHBORHOOD CENTERS, INC.

APPLICATION FOR EMPLOYMENT

This application for employment shall be considered active for a period of time not to exceed 45 days from the date of this application.

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

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other	

Last Name	First Name	Middle Initial
Address	Street	City
		State
		Zip Code
Telephone Number (s)		

- 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 the BFNC before? Yes No If Yes, give date
- Have you ever been employed with us before? Yes No If Yes, give date
- Are you related to any employee of the BFNC? Yes No If Yes, who _____
- Are you currently employed? Yes No
- On what date would you be available for work? _____
- Are you available to work: Full Time Part-Time Temporary
- Are you currently on lay-off status and subject to recall? Yes No
- Do you have a current New York State Drivers' License? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name And Address of School	Course of Study	Years Completed	Diploma/ Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills, licenses or certifications. _____

List professional, trade, business or civic activities and offices held.
Do not include memberships which would reveal gender, race, religion, national origin, age ancestry, disability or other protected status:

Describe any specific computer skills and all software applications with which you are familiar and your level of proficiency.

Please indicate your salary requirements _____

EMPLOYMENT EXPERIENCE

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

Employer #1		<u>Dates Employed</u> From To		Work Performed
Address				
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor			
Reason For Leaving				
Employer #2		<u>Dates Employed</u> From To		Work Performed
Address				
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor			
Reason For Leaving				
Employer #3		<u>Dates Employed</u> From To		Work Performed
Address				
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor			
Reason For Leaving				
Employer #4		<u>Dates Employed</u> From To		Work Performed
Address				
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor			
Reason For Leaving				

If you need additional space, please continue on the reverse side.

Please indicate by number _____ any of the above employers whom you **DO NOT** wish us to contact.

Job References:

Please list three professional, business, or educational references that we can contact to verify your work experience, and work ethics.

Name & Occupation	How do you know this person	Phone number

Applicant's Statement

IT IS VERY IMPORTANT THAT YOU READ THIS SECTION CAREFULLY, AND THAT YOU FULLY UNDERSTAND IT BEFORE YOU SIGN IT. THIS SECTION AFFECTS YOUR LEGAL RIGHTS. IF YOU HAVE ANY QUESTIONS PLEASE ASK BEFORE YOU SIGN THIS APPLICATION.

I certify that answers given herein are true and complete to the best of my knowledge.

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

This application for employment shall be considered active for a period of time not to exceed 45 days. If I wish to be considered for employment beyond this time period I should inquire as to whether or not applications are being accepted at that time.

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 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 Executive Director of Buffalo Federation Neighborhood Centers, Inc.

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

Proof of citizenship or immigration status will be required upon employment. Employment may be subject to satisfactorily completing pre-employment health and/or drug screening for certain positions.

Signature of Applicant _____ Date _____