## Supportive Services for Children, Inc. Job Application

148-13 Hillside Ave 2<sup>nd</sup> Floor Briarwood, NY 11435 Phone: (347) 238-1435 Fax: (347) 238-1435 Email: sservices4children@gmail.com

Personal Information							
Last	First		MI	SSN#	Email		
Street Address		City	ST	Zip	Home Phone	Mobile	
Are you entitled to work in the United States?		Are you 18 or older?		If yes, Date of Birth			
Have you been convicted of a felony or been incarcerated in connection with			h a felony in the past seven years?		If yes, please explain:		
Military Service?	Branch		Are you a veteran?		War	War	
What position are you applying for?			How did you hear about this position?				
Expected Hourly Rate	Expected Weekly Earnings		Date Available				
	Expected Weekly Lamings		Date Available				
Prior Work Experience							
	Current or Most R	Pocont	Prior		Prior		
		lecent	FIIUI		FIIUI		
Employer							
Address							
Address							
City, ST, ZIP							
Telephone							
Name of Immediate							
Supervisor							
	From	То	From	То	From	То	
Dates of Employment	-			10		-	
Position/Job Title							
F OSILIOI/JOD TILLE							
_							
Pay							
Reason for Leaving							
May We Contact							
Education							
Education				1.4			
	Name/Location		Last Year Co	mplete	Degree	Major	
High School			9 10	11 12			
Figh School			9 10				
				<b>a</b> 4			
College/University			1 2	34			
						·	
Trade School							
Other							
Other							
List any applicable special skills, training							
or proficiencies. Attach another sheet of							
paper if more space is required.							
paper il more space is re	quirea.		1	[		1	
Disclaimer - By signing, I hereby certify that the above information, to the			Signature			Date	
best of my knowledge, is correct							
information may prevent me from being hired or lead to my dismissal if							
hired. I also provide consent for former employers to be contacted							
regarding work records.	1			1			