

# HALO NETWORK, INC

CENTER FOR EDUCATION AND ADVOCACY FOR INDEPENDENT LIVING  
221 BROADWAY, SUITE 206 AMITYVILLE NY 11701  
STATEMENT OF POLICY

HALO NETWORK, INC., is an Equal Opportunity Employer. HALO NETWORK, Inc. shall not discriminate against any person on the basis of race, color, creed, sex, age, national origin, political affiliation, beliefs, sexual orientation or disability nor does it contract with any person or entity that does not stipulate and implement nondiscriminatory practices.

## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION

DATE \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

PRESENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

PERMANENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

TELEPHONE NUMBER ( ) \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### EMPLOYMENT DESIRED

POSITION DESIRED? DATE YOU CAN START? SALARY  
DESIRED?

ARE YOU EMPLOYED NOW? \_\_\_\_\_

IF SO MAY WE CONTACT YOUR PRESENT EMPLOYER? \_\_\_\_\_

### EDUCATION

	NAME & ADDRESS	YEARS ATTENDED	DATE GRADUATED/RANK	SUBJECT STUDIED
HIGH SCHOOL				
COLLEGE				
OTHER				
US MILITARY				

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**EMPLOYMENT HISTORY**

<b>MONTH/YEAR</b>	<b>EMPLOYERS NAME/ADDRESS</b>	<b>SALARY</b>	<b>POSITION</b>	<b>REASON FOR LEAVING</b>
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				

**REFERENCES**

<b>NAME</b>	<b>ADDRESS</b>	<b>PHONE</b>	<b>BUSINESS</b>	<b>YEARS ACQUAINTED</b>

**PHYSICAL RECORDS**

Do you have any impairment, physical, mental, or medical which would interfere with your ability to perform the job for which you have applied? \_\_\_\_\_ If so please give details below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts is called for immediate dismissal.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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**DRIVERS LICENSE**

If application is for a position that requires a driver's license, a complete copy of the appropriate New York State Drivers License **MUST** be attached to this form.

Valid Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Make & Model of Vehicle: \_\_\_\_\_ Year of vehicle: \_\_\_\_\_

Auto In Co: \_\_\_\_\_ Policy # \_\_\_\_\_ Exp Date: \_\_\_\_\_

I certify that all of the statements made herein are true, complete and correct to the best of my knowledge. I understand that my statements may be investigated and that false answers, misrepresentations or omission of facts will cause grounds for immediate dismissal after I begin work.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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**THE FOLLOWING REQUIREMENTS MUST BE SUBMITTED AND  
APPROVED PRIOR TO WORKING FOR YOUR CONSUMER**

- ❖ Completed application.
- ❖ Criminal background check
- ❖ Pre-employment physical examination
- ❖ PPD upon hire or chest x-ray ( if you have history of a positive PPD)
- ❖ 2 original and unexpired forms of ID (please see list of acceptable documents listed on the back of the I-9 form)

It's your responsibility to make sure your application is approved before you start working. If you have any questions please call Lena Harris at (631) 789-7373 ext.101