

HALO NETWORK, INC

CENTER FOR EDUCATION AND ADVOCACY FOR INDEPENDENT LIVING SKILLS

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 SELF DIRECTION 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?

NAME OF REFERRING BROKER? _____

NAME OF REFERRING FAMILY _____

EDUCATION

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

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EMPLOYMENT HISTORY

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

REFERENCES

NAME	ADDRESS	PHONE	BUSINESS	YEARS ACQUAINTED

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