

# 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				

# HALO NETWORK, INC

## CENTER FOR EDUCATION AND ADVOCACY FOR INDEPENDENT LIVING SKILLS

### 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 \_\_\_\_\_

# HALO NETWORK, INC

## CENTER FOR EDUCATION AND ADVOCACY FOR INDEPENDENT LIVING SKILLS

### 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 \_\_\_\_\_

# **HALO NETWORK, INC**

## **CENTER FOR EDUCATION AND ADVOCACY FOR INDEPENDENT LIVING SKILLS**

### **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