



**Human Resources Department**  
**Puerto Rican Family Institute, Inc.**  
**Bronx Head Start-1423 Prospect Avenue, Bronx New York 10459**

**APPLICATION FOR EMPLOYMENT**

Puerto Rican Family Institute, Inc. is an equal opportunity employer and does not discriminate on the basis of race, color, religion, creed, ancestry, national origin, citizenship, age, gender, sexual orientation, marital status, physical or mental disability, carrier status, veteran's status, domestic violence victim status, unemployment status, genetic predisposition or any other characteristic protected by applicable law. Puerto Rican Family Institute, Inc. will endeavor to make a reasonable accommodation to the known physical or mental limitations of a qualified applicant with a disability unless the accommodation would impose an undue hardship on the operation of our business. If you require such assistance to complete this form or to participate in an interview, please let us know.

\_\_\_\_\_

First Name

Middle Name

Last Name

\_\_\_\_\_

Street Address

City

State and Zip Code

\_\_\_\_\_

Mailing Address (if different)

City

State and Zip Code

\_\_\_\_\_

Home/Mobile Telephone

Email

Position applying for: \_\_\_\_\_

Full Time     Part Time     Temporary     Fee for Service     Other: \_\_\_\_\_

Date Available: \_\_\_\_\_      Salary Requirement: \_\_\_\_\_

Have you previously submitted an application for employment to the Puerto Rican Family Institute, Inc.?

[ ] Yes      [ ] No      If yes, please give date(s) applied and position(s): \_\_\_\_\_

Have you ever been employed by the Puerto Rican Family Institute, Inc.? [ ] Yes      [ ] No

If yes, please list position, dates of employment and reasons for leaving: \_\_\_\_\_

Referral Source: (please check appropriate box)

PRFI Web Site                       Job Posting\*                       PRFI Employee\*  
 Advertisement\*                       Employment Agency\*                       Other\*

\*Name of Source: \_\_\_\_\_

If you are under 18 years of age, do you have a work permit?    [ ] Not Applicable    [ ] Yes    [ ] No

**PERSONAL DATA (continued)**

Are you legally eligible to work in the U.S.?     Yes             No

Pursuant to the Immigration Reform and Control Act of 1986, all applicants who are offered employment must produce documents establishing their identity and authorization for employment in the United States. These documents must be produced no later than seventy-two (72) hours after employment commences. In addition, all new hires will be required to verify their employment authorization under oath by signing INS Form I-9.

Have you ever been excluded from any state or federally funded health care programs (e.g., Medicaid, Medicare, etc.)?

Yes             No            If yes, please explain: \_\_\_\_\_

Final candidates for employment in positions with direct client contact may be required to consent to a criminal history check (fingerprinting) and/or state child abuse registry clearance as a condition of employment in compliance with our regulating bodies and in accordance with New York State Law. All final candidates for employment with Puerto Rican Family Institute, Inc. will have their names checked with the US Office of the Inspector General, the NYS Office of the Medicaid Inspector General and the Excluded Parties List System.

**EDUCATION**

Please list all schools attended. You may attach additional sheets if you require more space to list your complete education.

	School Name and Address	Graduated?*		Degree or Diploma	Major
		Yes	No		
High School					
College or University					
Graduate School					
Business or Technical School					

\*If hired, will you be able to provide either an original diploma or official transcript verifying degree(s) or diploma(s) conferred prior to starting employment?

Yes             No            If no, please explain: \_\_\_\_\_

**PROFESSIONAL LICENSING/CERTIFICATIONS**

Please list professional licenses or certifications relevant to the position that you are applying for.

\_\_\_\_\_  
\_\_\_\_\_

## COMPUTER SKILLS

Please list your proficiency in computer software, operating systems and/or programming languages.

## EMPLOYMENT HISTORY

Even if you have submitted a resume, please complete this section of the application. List your five most recent work experiences. Begin with your present/most recent position and work back in time.

Employer Name	Employment Dates		Job Title
	From (Mo/Yr)	To (Mo/Yr)	
Address			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ # of hours
	Salary History		Supervisor's Name/Title
	Starting	Ending	Reason for Leaving
Telephone	\$	\$	
Employer Name	Employment Dates		Job Title
	From (Mo/Yr)	To (Mo/Yr)	
Address			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ # of hours
	Salary History		Supervisor's Name/Title
	Starting	Ending	Reason for Leaving
Telephone	\$	\$	
Employer Name	Employment Dates		Job Title
	From (Mo/Yr)	To (Mo/Yr)	
Address			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ # of hours
	Salary History		Supervisor's Name/Title
	Starting	Ending	Reason for Leaving
Telephone	\$	\$	
Employer Name	Employment Dates		Job Title
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Address			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ # of hours
	Salary History		Supervisor's Name/Title
	Starting	Ending	Reason for Leaving
Telephone	\$	\$	
Employer Name	Employment Dates		Job Title
	From (Mo/Yr)	To (Mo/Yr)	
Address			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ # of hours
	Salary History		Supervisor's Name/Title
	Starting	Ending	Reason for Leaving
Telephone	\$	\$	

Is there any reason we should not contact a former employer for a reference?      Yes [ ]      No [ ]

If yes, please identify the employer and state the reason:

## PROFESSIONAL REFERENCES

Please provide the names, addresses and telephone numbers of former supervisors or other professional references you have known at least six months. **References from co-workers are not acceptable.**

1.	Name: _____ Address: _____ Daytime Telephone Number: (_____)_____
2.	Name: _____ Address: _____ Daytime Telephone Number: (_____)_____
3.	Name: _____ Address: _____ Daytime Telephone Number: (_____)_____

## CERTIFICATION

I have read and fully understand the questions asked in this application. I certify that all of the answers I have given are true, accurate and complete. I understand that the omission and/or misrepresentation of any fact from or on this application or during any interview will result in immediate rejection of my application or if I am hired will be cause for immediate dismissal.

Unless I noted otherwise, I authorize Puerto Rican Family Institute, Inc. to contact all my employment and/or professional references, as well as the educational institutions I have attended. I further authorize Puerto Rican Family Institute, Inc. to inquire about, investigate and obtain copies of any records that relate to me from my former employers and educational institutions. I hereby release Puerto Rican Family Institute, Inc. and all affiliated persons and entities, as well as any person or institution that provides Puerto Rican Family Institute, Inc. with any information about me, from any and all liability whatsoever resulting from any such inquiry, investigation or communication.

If hired, I agree to abide by all of the rules and regulations of Puerto Rican Family Institute, Inc. I understand and agree that nothing in this application shall constitute an offer, a contract, or a guarantee of employment for a specific period of time. If hired, I understand that my employment may be terminated with or without cause and with or without notice at any time, at the will of Puerto Rican Family Institute, Inc. or me. In addition, I understand that Puerto Rican Family Institute, Inc. and all plan administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms and conditions of employment.

I understand that any hiring decision is contingent upon my successful completion of all of Puerto Rican Family Institute, Inc. lawful pre-employment checks, which may include a criminal background check, fingerprinting, and a review of the state child abuse registry. I agree to execute any consent forms necessary for Puerto Rican Family Institute, Inc. to conduct its lawful pre-employment checks.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date