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EXPERTS IN LANGUAGE AND COMMUNICATION DEVELOPMENT

APPLICATION FOR EMPLOYMENT

The policy of the TIEGERMAN is to provide equal employment opportunity to all applicants and employees without regard to race, religion, sex, age, national origin, disability, marital status, citizenship status, status as a victim of domestic violence, genetic predisposition, unemployment status, conviction or arrest record, or sexual orientation and to advance the principles of equal employment opportunity. TIEGERMAN will take all actions necessary to insure that applicants are not discriminated against.

Please <u>PRINT</u> all information requested. Make sure your entries are complete and legible.

Last Name	First Name	M.I.
Address:		Apt. No.
City:	State:	Zip Code:
Telephone No. ()	Email Address	
What position are you applying for?		
Please list your skills and special expertise:		
Certification/License: (attach copies)		
Preference: Full Time Part ⁻	Гіте S	alary Requested \$
Days available to work (please circle): M T V	V TH F Sa Sun Evenings (4-8p	om)
How were you referred to us (check all that ap	blà)ś	
Walk In Relative /Friend currently employed with Tieger	man (state	
Relative/Friend currently employed with Tieger	•	vertised (state name)
Relative/Friend currently employed with Tieger	• • • • • • • • • • • • • • • • • • •	vertised (state name) ency(state name)
Relative/Friend currently employed with Tieger name)	 Adv Agv Oth 	

Preschool/Elementary School: 100 Glen Cove Avenue, Glen Cove, NY 11542 • (516) 609-2000 • (516) 609-2014 Middle School: 27 Cedar Swamp Road, Glen Cove, NY 11542 • (516) 801-6915 High School: 87-25 136 Street, Richmond Hill, NY 11418 • (718) 291-2807 • (718) 291-2658 Tiegerman School at Woodside: 70-24 47th Avenue, Woodside, NY 11377 • (718) 476-7163 • (718) 476-7049 www.tiegerman.org





EXPERTS IN LANGUAGE AND COMMUNICATION DEVELOPMENT

EDUCATION:

Name and address of Graduate School or Special Training Institution:

Area of Concentration	_Degree or Certification
Name and address of Undergraduate School	
Area of concentration	Degree
Name and address of High School:	
Major	_Diploma

EMPLOYMENT HISTORY:

Start Date	End Date	Company Name	Position/Title	Supervisor Name/Title	Reason for Leaving

May an inquiry be made of you to your current employer regarding your work, character and/or qualifications?

Yes ______ If not now, when? _____

MILITARY:

Have you ever bee	en in the armed forces?	Yes No	Dates of Service:	

By my signature below, I affirm that I have read and fully understand the questions asked in this application. I certify that all answers given by me are true, accurate and complete. I understand that omission, or misrepresentation, of any information from this application, or during my interview, will cause for immediate dismissal. I authorize TIEGERMAN to obtain reference information about me and release all persons from liabilities for responding to such requests. If hired, I agree to abide by all of TIEGERMAN rules and regulations and understand that, if employed, my employment may be terminated, with or without cause, and with or without notice, at any time, at the option of TIGERMAN or me. I further understand that no representation, whether oral or written, by any representative of TIEGERMAN, at any time, constitutes a contract of employment.

Signature of Applicant

Date

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PROFESSIONAL REFERENCE

CANDIDATE'S NAME:

REFERENCE NAME: TITLE: REFERENCE E-MAIL ADDRESS: REFERENCE PHONE #: ORGANIZATION:

I hereby authorize you to release to TIEGERMAN any/all information regarding my employment with you. (Reference cannot be a relative).

	Applicant Signature		Date		
<u>REFERENCE INFO (I</u>	HR OFFICE U	SE ONLY):			
Applicant employed	with you:	From	to		
Position/Title:					
Job Duties:					
Atten Integ	ity of work dance rity eration	<u>Good</u>	Adequate	<u>Poor</u>	
Would you rehire th	is person?		Yes	No	
Other comments (You	ur remarks ard	e the most impo	rtant part of this	questionnaire).	
HR Signature		_	Da	te	
ہ High S	Aiddle School: 27 C chool: 87-25 136 S	edar Swamp Road, C treet, Richmond Hill, N I-24 47th Avenue, Wo	len Cove, NY 11542 • (IY 11418 • (718) 291-2		



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