



TIEGERMAN

TEACHING THE EXTRAORDINARY

EXPERTS IN LANGUAGE AND COMMUNICATION DEVELOPMENT

APPLICATION FOR EMPLOYMENT

The policy of *TIEGERMAN Community Services* 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 Community Services* will take all actions necessary to ensure that applicants do not face discrimination.

Date: _____

Applicant Note: If you need any assistance in completing this application or if you have any questions regarding the employment process, please contact a member of the Human Resources Department at 516-609-2000 and every effort will be made to accommodate your needs within a reasonable amount of time.

Please read through the application and answer all questions completely and accurately. Falsification of your employment application is grounds for termination of your employment status with TIEGERMAN Community Services. This application form is utilized to assess your qualifications for employment opportunities within the organization. The completion of this application does not create a contract.

Name:	
Cell Phone #:	Address:
Home Phone #:	City, State, Zip:
Work Phone #:	Email Address:
Position Applying For:	Salary Requirement:
Days Available to Work:	Hours Available to Work:

EDUCATION:

Name of High School: _____

Major _____ Diploma(Yes/No) _____

Name of Undergraduate School: _____

Area of Concentration: _____ Degree: _____

Name of Graduate School or Special Training Institution: _____

Area of Concentration: _____ Degree: _____

EMPLOYMENT HISTORY:

Dates Employed	Company Name	Address	Position Held	Supervisor's Name & Title	Reason for Leaving

May an inquiry be made of your current employer regarding your work, character or qualifications? _____

If not now, when? _____

Many of our positions require travel in your own vehicle/an agency van. Do you have a clean and valid New York State Driver's License? _____ If not, please explain any driving convictions that have caused your license to be suspended at this time.

MILITARY:

Have you ever been in the armed forces?

____ Yes ____ No

Date Entered _____ Date Discharged _____

By signing this application, I declare the information provided by me is complete and true to the best of my knowledge. I understand any misrepresentation or omission on this application may preclude an offer of employment, or may result in a withdrawal of an employment offer, or may result in my discharge from employment if I am already employed at the time the misrepresentation or omission is discovered. I hereby authorize *TIEGERMAN Community Services* and/or its agents, including consumer reporting bureaus, to investigate all statements contained herein. I authorize all former employers (unless noted otherwise), persons, schools, and law enforcement authorities to release any and all information concerning my background and hereby release all said parties from liability for any damage that may result from either furnishing or collecting such information. I also understand if I am hired by *TIEGERMAN Community Services*, I will be required to provide proof of identity and legal work authorization. I agree that, if hired, I have the right to terminate my employment at any time, with or without cause, and with or without notice and *TIEGERMAN Community Services* may also terminate my employment at any time, with or without cause or notice. I understand no manager or representative of *TIEGERMAN Community Services* other than its CEO or a designee, has any authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing either now, in the past, or in the future. I further understand this statement supersedes any prior oral or written understanding and bars any future oral understanding to the contrary.

Signature of Applicant

Date



TIEGERMAN

COMMUNITY SERVICES

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

REFERENCE INFO (HR OFFICE USE ONLY):

Applicant employed with you: From _____ to _____

Position/Title: _____

Job Duties: _____

	<u>Good</u>	<u>Adequate</u>	<u>Poor</u>
Quality of work	_____	_____	_____
Attendance	_____	_____	_____
Integrity	_____	_____	_____
Cooperation	_____	_____	_____

Would you rehire this person? _____ Yes _____ No

Other comments (Your remarks are the most important part of this questionnaire).

HR signature

Date



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Applicant Authorization Form – NYS Driving Record

I, _____ hereby authorize Tiegerman Community Services to request/obtain my NYS Driver's Abstract from the New York State Department of Motor Vehicles pursuant to the Drive's Privacy Protection Act.

My motorist ID Number is: _____

Print Name

Date of Birth

Signature

Date



Residential

14 Fieldcrest Lane
Farmingdale, N.Y. 11735
(516) 586-8971

Pre-Employment Interview Questionnaire

Candidate Name: _____

Medicaid Service

Coordination 1211
Stewart Ave.
Bethpage, N.Y. 11714
(516) 802-5268

It is the mission of Tiegerman Community Services (TCS) to provide adults of all abilities with a family-based living experience which supports their individual needs, choices, and interests. Adults from all walks of life are invited to join our living community of actively-engaged individuals. TCS provides a creative living and working environment which facilitates personal growth. Each adult is supported as he/she explores employment and recreational options given the vast array of opportunities within the organization.

LIPWW Day Habilitation

1211 Stewart Ave.
Bethpage, N.Y. 11714
(516) 802-5268

1. After reading TCS's Mission Statement and reviewing the application, why would you like to work with Tiegerman Community Services?

Westbury Site-Based Program

709 Prospect Ave.
Westbury, N.Y. 11590
(516) 493-9586

2. If you could describe yourself using three words, what would they be? Why?

Richmond Hill PWW

& Site-Based 87-25
136th St.
Richmond Hill, N.Y. 11418
(516) 802-5268

3. Please tell us about some of your hobbies and interests. How do you feel that you can utilize some of your interests to benefit the lives of the individuals at our organization?

Pathways, ETP,

Supported Employment (SEMP)
1211 Stewart Ave.
Bethpage N.Y. 11714
(516) 802-5268

4. Please tell us about a time when there was a conflict at work with your supervisor or between co-workers. What was the conflict and how did you go about resolving it?

Community Habilitation

1211 Stewart Ave.
Bethpage, N.Y. 11714
(516) 802-5268

5. If presented with the following situation, what would you do?

6. One of the individuals in the program/residence is having a bad day. He has been lying in bed all day with his door closed and no one has bothered to go into his bedroom to check on him because he has a tendency to become behavioral when he is unhappy. You are scheduled to work that day. What would you do?

7. It is a cold, rainy day in January. The Manager of the residence/ program that you are working in has informed you that at 6pm there will be a fire drill? What are the steps that you will take to ensure that all of the individuals leave the house safely and quickly?

8. Is there anything that will impede your ability to perform your duties (School, another job, past injury, etc).
