

Coalition of Institutionalized Aged and Disabled
425 East 25th Street, New York, NY 10010, New York, New York 10010
866-503-3332

Coalition Of Institutionalized Aged and Disabled (CIAD) is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information

Applicant Name:

Address:

City, State and Zip

Telephone Number:

Email Address:

Date of Application:

Employment Position

Position(s) applying for:

How did you hear about this position?

Personal Information

Do you have any friends, relatives, or acquaintances working for Coalition of Institutionalized Aged and Disabled Yes ___
No ___

If yes, state name & relationship:

Are you 18 years of age or older? Yes ___
No ___

Are you a U.S. citizen or approved to work in the United States? Yes ___
No ___

What document can you provide as proof of citizenship or legal status?

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes ___
No ___

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

(Note: Coalition of Institutionalized Aged and Disabled complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/ employees to perform essential functions.)

Education and Training

High School

Name	Location (City, State)	Year Graduated	Degree Earned

College/University

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned

Military:

Are you a member of the Armed Services? _____

What branch of the military did you enlist? _____

What was your military rank when discharged? _____

How many years did you serve in the military? _____

What military skills do you possess that would be an asset for this position? _____

Previous Employment

Employer Name:

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed:

Reason for leaving:

Employer Name:

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed:

Reason for leaving:

Employer Name:

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed:

Reason for leaving:

References

Please provide 2 personal and professional reference(s) below:

Reference	Contact Information

Additional Information:

Are you able to travel to homes by public transportation?

Do you have experience with computers or smart pads, email, internet use and/or online meetings?

AT-WILL EMPLOYMENT

The relationship between you and the Coalition of Institutionalized Aged and Disabled is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Coalition of Institutionalized Aged and Disabled. No representative of Coalition of Institutionalized Aged and Disabled has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant
Signature:

Dated:
