

# LOWER EAST SIDE FAMILY UNION

227 East 3<sup>rd</sup> Street, New York, NY 10009  
107-30 71<sup>st</sup> Rd, #204, Forest Hills, NY 11375

## Application for Professional Employment

The Lower East Side Family Union is an Equal Opportunity Employer. Personnel are chosen on the fact of ability and qualifications without regard to race, color, religion, sex, age, national origin, marital status, disability, sexual orientation, veteran status or citizen status in compliance with Federal, State and Municipal laws.

Date of application: \_\_\_\_\_ Position applying for: \_\_\_\_\_

Date available to start: \_\_\_\_\_ Desired Annual Salary: \$ \_\_\_\_\_

Name (Last, First, Middle): \_\_\_\_\_

Address: \_\_\_\_\_

(Street)

(Apt #)

(City)

(State)

(Zip Code)

Preferred Telephone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Social Security: \_\_\_\_\_ Are you a citizen Yes \_\_\_\_\_ No \_\_\_\_\_

Are you eligible to work in the United States Yes \_\_\_\_\_ No \_\_\_\_\_  
(US Department of Homeland Security)

Do you have any relatives or friends employed by LESFU: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list employees name: \_\_\_\_\_

Military Service: Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Military Service: \_\_\_\_\_ Branch of Military Service: \_\_\_\_\_

Which languages other than English do you read and/or write and /or speak fluently?

Spanish: \_\_\_\_\_ Mandarin: \_\_\_\_\_ Cantonese \_\_\_\_\_ Other \_\_\_\_\_

## EDUCATION

| Type of School               | Name of School | School Address | Degree/Diploma Earned |
|------------------------------|----------------|----------------|-----------------------|
| <u>College/Graduate</u>      | _____          | _____<br>_____ | _____                 |
| <u>College/Undergraduate</u> | _____          | _____<br>_____ | _____                 |
| <u>High School/GED</u>       | _____          | _____<br>_____ | _____                 |

Special Training/Courses/Workshops/Institutes:

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT HISTORY (Starting with PRESENT or MOST RECENT list the last three in consecutive order).

| EMPLOYER'S NAME & ADDRESS | POSITION HELD  | DATES EMPLOYED | REASON FOR LEAVING |
|---------------------------|----------------|----------------|--------------------|
| _____                     | _____<br>_____ | _____<br>_____ | _____<br>_____     |
| _____                     | _____<br>_____ | _____<br>_____ | _____<br>_____     |
| _____                     | _____<br>_____ | _____<br>_____ | _____<br>_____     |

List Special Certifications:

\_\_\_\_\_

\_\_\_\_\_

**Please give additional information, experiences or activities, which you feel are essential to application for this position:**

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**Please list three (3) professional references (Name, Title, and Contact Number):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**In the case of an emergency, we should contact:**

**Name:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

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**READ CAREFULLY:**

As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references. If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the United States, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms. I understand and agree to the information shown above.

Where YOUR Family Comes First

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)



***Stop here unless you are applying for a case management position (e.g., Program Director, Team Supervisor, Case Planner/Manager or Case Aide). If so, please complete the following assessment questions.***







**Based upon Circumstance # 1**, your response and drawing upon your own knowledge please complete the Supervisory Case Record Review:

**Supervisory Case Review**

|   |                             |             |                 |
|---|-----------------------------|-------------|-----------------|
| Case Name:  | Client Name (if different): | CID:        | CRD:            |
| CWS <input type="checkbox"/> ADVPO <input type="checkbox"/> | Case Planner:               | Supervisor: | Date of Review: |

**Case Records/Documents Reviewed:**

(Physically review hard/electronic case record for required documents – Health/Education Consents and Reports, Psychosocial, DS 2921, Initial Assessments/Screens, etc.)

- If FASP is in process, was there a FTC?
- Was there a recent FTC and if so, what is the plan of action according to the FTC Agreement?

**Monthly Face-to-Face Contact Dates and Type:**

(Include attempted contacts/diligent efforts – Identify child(ren) seen during the contact)

**Risk Assessment:**

(Discuss the reason why PPRS is necessary)

**Child(ren) Safety:**

(Assessment of environmental, physical and emotional well-being)

**Service Plan/Case Update/Progression:**

(i.e., Monthly Goals Met/Unmet, Behavioral Changes – describe how. If goals are unmet – discuss barriers and describe next steps/interventions):

**Assessment of Case Planner’s Activities with the Family:**

(Engagement efforts consistent with family needs, culture and service goals – refer to supervision notes. Discuss CP follow-up events/activities with the family):

**Overall Supervisory Assessment to include CP Next Steps:**

\_\_\_\_\_  
*Supervisor Signature)*