

LOWER EAST SIDE FAMILY UNION

227 East 3rd Street, New York, NY 10009

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>	_____	_____ _____	_____ _____
<u>College/Undergraduate</u>	_____	_____ _____	_____ _____
<u>High School/GED</u>	_____	_____ _____	_____ _____
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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List Special Certifications:

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

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: _____

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)

