

500 Western Highway, Blauvelt, NY 10913

INTRA-AGENCY TRANSFER APPLICATION

Saint Dominic's Family Services subscribes to a policy of equal opportunity in all employment decisions without unlawful discrimination as to race, color, religion, creed, sex, sexual orientation, gender identity, national origin, ancestry, age, veteran status, disability unrelated to job requirements, genetic information, military service, or other protected status. Transfers will be considered after the employee has successfully completed a 6 month introductory period in his/her present position. The employee must be up to date with his/her physical (if annual is required) and up to date with all relevant mandated training. Exceptions must be approved by the SVP or Vice President in Human Resources.

	Applicant Nar	To	Talashana ayanbar batuyan 0 F			E mail:	where best to reach you		
Applicant Name			16	Telephone number between 9 - 5			E-mail	where best to reach you	
					147.01				
Leastien /Don			CURRENT INFORM	Work Schedule					
Location/Department/Program			Position/Title		WOLK Schleddie				
			TRAN	ISFER REQUEST IN	FORMATIO	N	CALL COLUMN		
Desired Location/	Department/ Pro	gram	Desired Position/Title			Work Schedule			
Do you have rela	tives working at	Saint If	If you have relatives working at Saint		Brief statement stating why you should be considered for this position				
	amily Services?		Dominic's Family Services? what are their names?						
QUALIFICATIONS									
Education level		Cert	Certifications		Years of experience related to the applying position				
Applicant signature: Date:									
PLEASE ATTACH AN <u>UPDATED</u> RESUME IF YOU ARE APPLYING FOR A DIFFERENT POSITION/TITLE									
This form is to be sent directly to Human Resources									
THE TABLE BELOW IS FOR THE USE OF HUMAN RESOURCES ONLY									

Date Received	In Compliance (yes/no)				Contact Date			Interview Date	
	Training	Physical	Write Ups	Applica	nt	Hi	ring Manager		
Decision				Porco	nnel Info	rmod	A STATE OF THE STATE OF		
Decision	Applicant						Transfer Date	Cignad Transfer Letter	
			New Supervisor Ex		t Supervisor Transfer Date		Transfer Date	Signed Transfer Letter	
Notes:							1,	Į.	