

Allegany County Chapter NYSARC, Inc.

240 O'Connor Street, Wellsville, NY 14895

APPLICATION FOR EMPLOYMENT

EVERY QUESTION MUST BE ANSWERED (with the exception of page 6 which is voluntary)

~ DO NOT LEAVE ANY BLANKS~

Position Applying For: _____ Date: _____

NAME: Last: _____ First: _____ M.I.: _____

Phone #: (____) _____ Cell Phone #: (____) _____

Address: _____
Street Town State Zip

Previous Address: _____
Street Town State Zip

Please list any other names you have worked under: _____

When will you be available for work? _____ Expected Salary: _____

Are you seeking Full Time: or Part Time: If part time, what hours are you available? _____

Have you been previously employed with this company? Yes No If so, when: _____

Have you registered with Job Service? Yes No If yes, when: _____

EDUCATION

SCHOOLS	NAME & ADDRESS	GRADUATED (YES/NO)	DEGREE RECEIVED	AREAS OF SPECIALIZATION
High School				
College				
Graduate School				
Trade, Business, Night, or Correspondent				
Educ./Trng. Regarding Disabled and Mental Health Individuals				

Do you have any experience as an employee, volunteer, or certified provider with OPWDD? Or any other State Agency? Or any other provider of Human Services? Yes No If yes, explain where, dates, duties:

Do you have any experience in direct care work relevant to which this application is being made? Child Care experience must be specifically identified (i.e., Day Care Center or paid baby sitter). Yes No If yes, explain where, dates, duties:

If a license or other authorization to practice a trade or profession is required for the position for which you are applying, complete the following:

Name of Trade/Profession:	License Number:	Approved by (Licensing Agency):
City or State of Specialty:	Date of License:	Licensed From/To:

If not currently licensed, check here:

A valid driver's license is required for employment.

Do you have a valid driver's license? Yes No If Yes, what State? _____
Have you ever been convicted of a DWI? Yes No If Yes, when? _____
Have you had a moving violation in the last 3 years? Yes No If Yes, when? _____
Have you ever been the subject of an indicated report of child abuse or neglect? Yes No If Yes, when? _____
Have you ever been convicted of a misdemeanor or felony? Yes No If Yes, when? _____

Provide a description of all convictions: _____

Is there a pending criminal charge against you? Yes No If Yes, when? _____

Provide description of all pending criminal charges: _____

Are you legally employable under U.S. Immigration Laws? Yes No

Are you in the US on a visa? Yes No If Yes, please indicate visa exp. date _____

MILITARY SERVICE RECORD

Draft Status: _____

Veteran of U.S. Armed Forces? Yes No Reserve Status: _____

Branch: _____ Serial #: _____

Date Entered: _____ Rank on Entering: _____

Date of Discharge: _____ Rank at Discharge: _____

PERSONAL REFERENCES

(Not Former Employers)

List 2 personal references, other than relatives, who can attest to your character, reputation, and personal qualifications.

Name/ Address/Phone #: _____

Name/ Address/Phone #: _____

List any special skills or completed training/courses you have which are relevant to the position you are seeking:

DESCRIPTION OF EXPERIENCE

Give employment record as completely as possible, starting with your present or last employer. Insert an additional sheet if necessary. Show unemployment or self-employment periods. Indicate date and comment on each period.

DO NOT PUT "SEE RESUME OR SEE ATTACHED."

<i>Length of Employment</i>	<u>FIRM'S NAME:</u>	Phone #:	Type of Business:
From (Mo./Yr.): _____	Address (Street/City/State/Zip):		
To (Mo./Yr.): _____			
Total: Yrs: ____ Mos: ____			
Earnings - HR/WK/YR:	Your Title:	Name/Title of Supervisor:	
Reasons for Leaving:	<u>Duties:</u>		
<i>Length of Employment</i>	<u>FIRM'S NAME:</u>	Phone #:	Type of Business:
From (Mo./Yr.): _____	Address (Street/City/State/Zip):		
To (Mo./Yr.): _____			
TOTAL: Yrs: ____ Mos: ____			
Earnings - HR/WK/YR:	Your Title:	Name/Title of Supervisor:	
Reasons for Leaving:	<u>Duties:</u>		
<i>Length of Employment</i>	<u>FIRM'S NAME:</u>	Phone #:	Type of Business:
From (Mo./Yr.): _____	Address (Street/City/State/Zip):		
To (Mo./Yr.): _____			
TOTAL: Yrs: ____ Mos: ____			
Earnings - HR/WK/YR:	Your Title:	Name/Title of Supervisor:	
Reasons for Leaving:	<u>Duties:</u>		

*****PLEASE LIST ANY FURTHER EMPLOYMENT ON ADDITIONAL SHEET OF PAPER*****

How did you learn about the job you are applying for? _____

Do you have a relative who works for Allegany Arc? _____

Have you ever been bonded? Yes No Refused bond? Yes No If yes, please explain:

NOTE: If you are offered a position with Allegany Arc, you will be required to have tuberculosis testing with Purified Protein Derivative (PPD) Mantoux Skin Test performed, at the agency's expense. This testing, and if indicated, evaluation for active disease must be completed **prior** to employment, a second test will be completed within the first three weeks of employment. The only allowable exclusion from either pre-employment or follow-up skin testing is prior documented significant to a positive reaction to PPD (Mantoux) testing.

FEDERAL LAWS PROHIBIT DISCRIMINATION ON THE BASIS OF RACE, COLOR, RELIGION, SEX, AGE, DISABILITY, AND NATIONAL ORIGIN. STATE LAWS PROHIBIT DISCRIMINATION BECAUSE OF AGE, DISABILITY, MARITAL STATUS, RACE, COLOR, SEXUAL ORIENTATION, RELIGION, SEX, ARREST RECORD, AND NATIONAL ORIGIN.

AMERICANS WITH DISABILITIES ACT

The ADA protects qualified individuals with a disability. The Allegany Arc abides by the rules and regulations of the newly adopted Americans with Disabilities Act (ADA). If you are disabled as defined by the ADA and would like to request reasonable accommodation(s), please contact Corinna McKnight, Senior Vice President for Employee Relations.

***Allegany Arc is a Chapter of NYSARC. This Agency is an equal opportunity provider and employer. NY State relay number: TDD 1-800-662-1220.**

STATEMENT

For applicants who will have regular and substantial unsupervised or unrestricted contact with people receiving services, the applicant shall provide information, statements, and fingerprints as maybe necessary for a criminal history record check to be conducted according to the requirements of 14 NYCRR Section 633.22. New York State Office for People with Developmental Disabilities will make a permanent hiring decision based on the information from the criminal history record check. If this criminal history record check is necessary, you will be considered a temporary employee until your hire is authorized by OPWDD. Your signature below gives permission for this criminal history record check.

I also understand that if I am considered for employment, Allegany Arc is required by law to inquire with the Office of Inspector General and Medicaid Fraud or Program Integrity Issues to ensure eligibility in the federally sponsored health care programs such as Medicare and/or Medicaid. Your signature below gives Allegany Arc permission to inquire. Allegany Arc will make a permanent hiring decision based on the information from the Office of Inspector General and Medicaid Fraud or Program Integrity Issues.

I give my permission for former employers and other references I name to release to Allegany Arc information regarding my employment, character, and job performance. I understand this information will be used in formulation of a decision whether or not to hire me.

I further understand that if employed, I am employed at-will.

I also agree that I am required to conform to the policies, procedures, rules and regulations of the agency and that all offers of employment are conditioned on the satisfactory proof of my identity and legal authority to work in the United States.

I certify that the information contained in this application is true and correct to the best of my knowledge and understand that falsification or omission of information is grounds for refusal to hire or, if hired, immediate termination.

Signature of Applicant: _____

Date: _____

Employment Application Supplement

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Allegany Arc

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NYS Law requires that a seat belt be worn while operating a motor vehicle. Allegany Arc abides by this law. When employees operate Agency vehicles, or their own vehicles for Agency business, wearing a seat belt is required.

NOTICE OF SOCIAL SERVICES LAW 424-a PROCEDURES

To determine if indicated report of child abuse or mistreatment is on file with the State Central Register of Child Abuse and Maltreatment.

Please read this carefully. It may impact your continued employment with Allegany Arc.

Section 424-a of the New York State Social Services Law enables the Allegany Arc, as a provider of services for children in facilities operated or certified by the Office for People with Developmental Disabilities (OPWDD), to inquire whether an employee or volunteer is the subject of an indicated report of child abuse or maltreatment on file with the State Central Register of Child Abuse and Maltreatment (Department of Social Services).

In addition, this same section of the law requires that all employees be notified that if you have the potential for regular and substantial contact with children, you may be requested to complete a form specifically designed for the purpose of making such an inquiry. Allegany Arc will then submit the form to the State Central Register to begin the inquiry process. The State Central Register will notify you if the result of an inquiry shows that you are the subject of an indicated report of child abuse or maltreatment. Allegany Arc would also be advised of the findings.

If the State Central Register replies to our inquiry that you are the subject of an indicated report of child abuse or maltreatment, we must consider that factor, along with other background information, in determining whether to retain you as an employee, to retain you in another employment capacity, or to retain you in your current position. You may be asked to provide details of the situation(s) that gave rise to the indicated report. You will also be asked to sign a release allowing Allegany Arc to receive a copy of the indicated report on file with the State Central Register. Your refusal to sign this release will be taken to mean that you do not wish to continue employment here.

If your employment is terminated, and such termination is based, in whole or in part on the existence of an indicated report of child abuse or maltreatment, you will be provided a written statement explaining the reason for the denial. You will also be informed, at that request a hearing before the New York State Department of Social Services on the indicated report on file with the State Central Register.

All information obtained through this process is confidential.

Signature: _____

Date: _____

Employment Application Supplement

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RE: **DRIVER'S PRIVACY PROTECTION ACT (18 USC #2721 et. Seq.)**

I am aware of the Driver's Privacy Protection Act effective September 13, 1997, which prohibits a State Department of Motor Vehicles from disclosing or otherwise making available to any person information about my personal motor vehicle record without my written consent.

I hereby give my consent to Allegany County Chapter NYSARC, Inc., to request and review my Department of Motor Vehicle record. This is done as a condition of employment and also to obtain these records periodically during the term of my employment.* I further recognize the carrier providing auto liability coverage to my employer requires this information.

Print Name: _____ Date: _____

Signature: _____

Driver's License #: _____ State: _____

Last four digits of Social Security #: _____ Date of Birth: _____

Witness' Signature _____

*This authorization is valid until termination of employment or rescinded in writing by the employee/driver.

