



Application for Employment

We consider applicants for all positions without regard to race, religion, creed, gender, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

PLEASE PRINT

Position(s) Applied For: _____

Date: _____

How did you learn about us?

- Advertisement
- Relative
- Inquiry
- Employment Agency
- Friend
- Other _____

Last Name

First Name

Middle Name

Address

Number

Street

City

State

Zip Code

Telephone Number(s)

Alternate Phone Number

Best time to contact you at home is:

____:____ am/pm

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you ever filed an application with us before?

Yes No

If yes, give date _____

Have you ever been employed with us before?

Yes No

If yes, give date _____

Do any of your friends, relatives, or acquaintances work here?

Yes No

Are you currently employed?

Yes No

If yes, may we contact your present employer for references?

Yes No

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status? ***Proof of citizenship or immigration status will be required upon employment*** Yes No

Date available for work __/__/__ What is your desired salary range? _____

- Are you available to work:
- Full-Time (please indicate hours available _____)
 - Part-Time (please indicate hours available _____)
 - Temporary (please indicate hours available _____)

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	<u>Dates Employed</u> From To	Work Performed
Address	<u>Hourly Rate/Salary</u> Starting Final	
Telephone Number(s)		
Job Title	Supervisor	
Reason for Leaving		

Employer	<u>Dates Employed</u> From To	Work Performed
Address	<u>Hourly Rate/Salary</u> Starting Final	
Telephone Number(s)		
Job Title	Supervisor	
Reason for Leaving		

Employer	<u>Dates Employed</u> From To	Work Performed
Address	<u>Hourly Rate/Salary</u> Starting Final	
Telephone Number(s)		
Job Title	Supervisor	
Reason for Leaving		

Employer	<u>Dates Employed</u> From To	Work Performed
Address	<u>Hourly Rate/Salary</u> Starting Final	
Telephone Number(s)		
Job Title	Supervisor	
Reason for Leaving		

List professional, trade, business or civic activities and offices held.
You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected:

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS

(CHECK SKILLS/SOFTWARE OPERATED)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Software Proficiency in:	Other:
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
<input type="checkbox"/> WPM _____	<input type="checkbox"/> WPM _____	_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

_____ YES _____ No

PROFESSIONAL REFERENCES

(Name/Job Title)

Phone #

(Business Name & Address)

Phone #

(Name/Job Title)

Phone #

(Business Name & Address)

Phone #

(Name/Job Title)

Phone #

(Business Name & Address)

Phone #

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed twelve months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless defined by applicable law, any employment relationship with this organization is of an *at will* nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "*at will*" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand that if I want to be considered for a position as a personal care assistant, consumers who want to hire personal care assistants may review my application.

If I am applying to work or volunteer with consumers with whom I will have regular and substantial unsupervised, unrestricted physical contact, I understand that I must sign a "Criminal History Record Check consent form," present photo identification, and submit to being fingerprinted. If I am to work in a similar capacity with consumers under age 18, I understand that I must complete a "State Central Regular Database Check" form which will be submitted to the New York State Office of Children and Family Services to determine whether I have ever been the subject of an indicated case of child abuse or maltreatment, and whether the outcome was founded.

Because this agency provides services to clients and consumers, and subsequently bills Medicaid for services provided in an aggregate amount that exceeds \$5 million annually, each person with a conditional offer of employment, as well as each employee, will be subject to periodic exclusion checks to verify that all employees have not been excluded from federal healthcare programs. An exclusion check is a search of the following databases to determine if the individual's name appears on any list:

- U. S. Department of Health and Human Services, Office of Inspector General (OIG)'s List of Excluded Individuals and Entities (LEIE) available on the website at <http://oig.hhs.gov/fraud/exclusions.html>
- The General Services Administration (GSA)'s Excluded Parties List System available on the GSA website at <http://www.epls.gov/>
- NYS Medicaid Fraud Database available on the NYS Department of Health website at http://www.omig.state.ny.us/data/component/option.com_physiandirectory/

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Employer.

Have you ever been convicted of a misdemeanor or felony? Yes No

Are there any criminal charges pending against you? Yes No

Have you ever been the subject of an investigation into child abuse, maltreatment, or neglect?

Yes No

If yes, was the case "indicated" or "unfounded"? indicated unfounded

If "unfounded", was your record expunged? Yes No

Signature of Applicant

Date

Please Print Name

Social Security Number