



Employment Application

Current job opportunities are posted on our website at www.ariseinc.org/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 LEGIBLY OR TYPE. All required information must be completed. Failure to complete this application may result in disqualifying you for employment consideration. Do not state "See Resume."

Position Applied For: _____ **Date:** _____

How did you learn about us?

- ARISE Website
 Indeed
 Newspaper
 Relative/Friend
 Employment Agency
 Inquiry
 Advertisement
 Job Fair
 Other (please specify): _____

APPLICANT INFORMATION

First Name: _____ Last Name: _____ MI: _____

Other Last Names Used (if any): _____

Street Address: _____

Apt/Unit # _____ City: _____ State: _____ Zip Code: _____

Phone #: _____ Alternate Phone #: _____

E-mail Address: _____ Best Time To Contact: _____

Date Available To Work: _____ Desired Salary Range: _____

Choose Work Availability then Choose Days and Specify Hours Available (Include AM or PM)

- Full Time
 Monday _____ to _____
 Part Time
 Tuesday _____ to _____
 Temporary
 Wednesday _____ to _____
 Thursday _____ to _____
 Friday _____ to _____
 Saturday _____ to _____
 Sunday _____ to _____

- If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No N/A
- Have you ever filed an application with us before? Yes No
- If yes, please list date:* _____
- Have you ever been employed with us? Yes No
- If yes, please list date:* _____
- Do any of your friends or relatives work or volunteer here? Yes No
- Are you currently employed? Yes No
- If yes, may we contact your present employer for references? Yes No N/A
- Are you legally authorized to work in the United States? Yes No
- Proof of identity and employment status will be required upon employment.*

EDUCATION

Do not state "See Resume." State "N/A" if not applicable.

Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School:			
Undergraduate:			
Graduate:			
Other (Please Specify):			

Please describe any specialized training, apprenticeship, skills and extra-curricular activities.
State "N/A" if not applicable.

Please describe any job-related training received in the United States military. State "N/A" if not applicable.

EMPLOYMENT EXPERIENCE

Please start with your present or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or any other legally protected status if you choose. **Do not state "See Resume."**

EMPLOYER NAME: _____ Phone Number: _____
Position/Job Title: _____
Employed From: _____ Employed To: _____
Starting Pay: \$ _____ Final Pay: \$ _____
Supervisor Name: _____ Supervisor Position: _____
Work Performed: _____
Reason for Leaving: _____
May we contact for reference? Yes No

EMPLOYER NAME: _____ Phone Number: _____
Position/Job Title: _____
Employed From: _____ Employed To: _____
Starting Pay: \$ _____ Final Pay: \$ _____
Supervisor Name: _____ Supervisor Position: _____
Work Performed: _____
Reason for Leaving: _____
May we contact for reference? Yes No

EMPLOYER NAME: _____ Phone Number: _____
Position/Job Title: _____
Employed From: _____ Employed To: _____
Starting Pay: \$ _____ Final Pay: \$ _____
Supervisor Name: _____ Supervisor Position: _____
Work Performed: _____
Reason for Leaving: _____
May we contact for reference? Yes No

Please list professional, trade, business or civic activities and offices held. You may exclude membership that would disclose gender, race, religion, national origin, age, ancestry, disability or any other legally protected status. State "N/A" if not applicable.

Other qualifications: Summarize special job-related skills and qualifications acquired from employment or other experience. State "N/A" if not applicable.

COMPUTER SKILLS

Please check all that apply:

- Email
- Internet
- Word
- Excel
- Database

Other Software Proficiency: State "N/A" if not applicable.

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

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

Note to Applicants: Please review the job description and requirements for the position you seek before answering this question.

Are you able to perform the essential functions of this position, with or without reasonable accommodation? Yes No

PROFESSIONAL REFERENCES

Please list at least three (3) **professional** references that we may contact in consideration for employment opportunities. If possible, include a 4th reference in case one of your references are not reachable. Professional references are typically former employers, colleagues, supervisors, or someone else who can comment on your employment. If you do not have professional or employment references, please list alternative references, such as from volunteer work, career counselors, teachers, etc. **Do not state "See Resume."**

Reference 1 Name: _____ Position/Title: _____
Company Name: _____
Company Address: _____
Phone Number: _____
E-mail Address: _____
Length of Relationship: < 1 year 1-2 years 2-5 years > 5 years
Relationship to Applicant: Manager Supervisor Co-Worker/Colleague
 Other (professor, teacher, volunteer supervisor, etc.)

Reference 2 Name: _____ Position/Title: _____
Company Name: _____
Company Address: _____
Phone Number: _____
E-mail Address: _____
Length of Relationship: < 1 year 1-2 years 2-5 years > 5 years
Relationship to Applicant: Manager Supervisor Co-Worker/Colleague
 Other (professor, teacher, volunteer supervisor, etc.)

Reference 3 Name: _____ Position/Title: _____
Company Name: _____
Company Address: _____
Phone Number: _____
E-mail Address: _____
Length of Relationship: < 1 year 1-2 years 2-5 years > 5 years
Relationship to Applicant: Manager Supervisor Co-Worker/Colleague
 Other (professor, teacher, volunteer supervisor, etc.)

Reference 4 Name: _____ Position/Title: _____
Company Name: _____
Company Address: _____
Phone Number: _____
E-mail Address: _____
Length of Relationship: < 1 year 1-2 years 2-5 years > 5 years
Relationship to Applicant: Manager Supervisor Co-Worker/Colleague
 Other (professor, teacher, volunteer supervisor, etc.)

Applicant's Statement

This application for employment shall be considered active for a period of time not to exceed twelve (12) months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether 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 ARISE 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 expressly acknowledged in writing by authorized Executive of ARISE, specifically the Chief Executive Officer.

I understand that if I want to be considered for a position as a Personal Care Assistant, individuals and/or their designees who want to hire Personal Care Assistant may review my application.

If I am applying to work or volunteer with individuals with whom I may have regular and substantial unsupervised and unrestricted contact, I understand that I must sign a "Criminal History Record Check Consent Form," present photo identification, and submit to being fingerprinted. If I may work in a similar capacity with individuals under age 18, or with anyone receiving services funded by New York State under the jurisdiction of the Justice Center, I understand that I must complete a "State Central Register 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, maltreatment, or neglect, and the outcome of that investigation. Background checks conforming to Mental Hygiene Law including, but not limited to Staff Exclusion List and reference checks may also be conducted.

Because ARISE provides services to individuals and subsequently bills Medicaid for services provided in an aggregate amount that exceeds \$50,000 annually, each person with a conditional offer of employment, as well as each employee and intern under supervision by a licensed clinician, will be subject to periodic exclusion checks. ARISE cannot employ or engage as a volunteer any person who is excluded, terminated, or otherwise disqualified from participation in Medicaid or Medicare. An exclusion check is a search of the following databases to determine if the individual's name appears on any list:

- **NYS Office of the Medicaid Inspector General (OMIG) Exclusion List** - The NYS Medicaid Exclusion List identifies individuals or entities who have been excluded from participating in the NYS Medicaid program under the provisions of 18 NYCRR § 515.3 and/or 18 NYCRR § 515.7. (<http://www.omig.state.ny.us/fraud/medicaid-terminations-and-exclusions>)
- **Office of the Inspector General (OIG) List of Excluded Individuals and Entities** - HHS OIG is the largest inspector general's office in the Federal Government to combating fraud, waste and abuse. (<http://exclusions.oig.hhs.gov/>)
- **System for Award Management (SAM)** - The System for Award Management (SAM) is a Federal Government that consolidates the capabilities in Central Contractor Registration (CCR)/FedReg, Online Representations and Certifications Applications (ORCA), and the Excluded Parties List System (EPLS). (www.sam.gov)

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. In the event of employment or volunteer service, I understand that false or misleading information given in my application, resume and / or interview(s) may result in discharge. I also understand that I am required to abide by ARISE's rules, regulations, policies and procedures.



Does the name you are applying under match the name on your social security card?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, provide your full legal name as it appears on your social security card.		
Have you ever been the subject of an indicated report of child abuse, neglect, or maltreatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, was it "indicated" or "unfounded"?	<input type="checkbox"/> Indicated	<input type="checkbox"/> Unfounded
If indicated, was your record expunged?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SIGNATURE, DATE, PRINTED NAME, AND SSN ARE REQUIRED

Signature (DO NOT PRINT SIGNATURE)

Date

Print Name

Social Security Number

Self-Identification Form

ARISE is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our affirmative action program. Federal laws and regulations require us to report on our workforce by race, gender, and veteran status and to offer the opportunity for self-identification with respect to disabilities. Please assist us by completing this form. **YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION.** Data which you provide shall be kept strictly confidential, except that:

1. Supervisors and managers may be informed regarding restrictions on the work or duties of individuals with disabilities and/or veterans with disabilities.
2. First aid and safety personnel may be informed, to the extent appropriate, if the condition might require emergency treatment.
3. Governmental officials reviewing the Company's compliance status shall be informed.

Gender: Male Female

Race/Ethnicity: (Please check one)

- | | |
|--|--|
| <input type="checkbox"/> White (Not Hispanic or Latino) [†] | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) [†] |
| <input type="checkbox"/> Asian (Not Hispanic or Latino) [†] | <input type="checkbox"/> American Indian or Alaska Native (Not Hispanic or Latino) [†] |
| <input type="checkbox"/> Black or African American (Not Hispanic or Latino) [†] | <input type="checkbox"/> Two or More Races (Not Hispanic or Latino) [†] |
| <input type="checkbox"/> Hispanic or Latino [†] | |

Disability: (Please check one)

- I am an individual with a disability.*[†]
- I have received the form and decline to provide the requested information.

Veteran Status: (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> I am a disabled veteran. [†] | <input type="checkbox"/> I participated in a United States military operation for which an Armed Forces Service Medal was awarded, while serving on active duty in the Armed Forces, pursuant to Executive Order No. 12985 (61 Fed. Reg. 1209). |
| <input type="checkbox"/> I am a recently separated veteran. [†]
Date of discharge (MM/DD/YYYY)
_____ | |
| <input type="checkbox"/> I served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized. | |

*Categories consistent with 41 C.F.R. §60-300 & Form VETS-I OOA

[†]If you need a definition of these terms, please see reverse side.

Print Your Full Name

Signature

Today's Date

SELF-IDENTIFICATION FORM DEFINITIONS

RACE/ETHNIC IDENTIFICATION CATEGORIES (EEOC)

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American (not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian (not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

American Indian or Alaska Native (not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

Two or more races (not Hispanic or Latino) - All persons who identify with more than one of the above races.

DEFINITION OF INDIVIDUAL WITH A DISABILITY

Individual With a Disability means any person who (i) has a physical or mental impairment which substantially limits one or more of such person's major life activities; (ii) has a record of such impairment; or (iii) is regarded as having such impairment.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular Dystrophy
- Bipolar Disorder
- Major Depression
- Multiple Sclerosis (MS)
- Missing Limbs or Partially Missing Limbs
- Post-Traumatic Stress Disorder (PTSD)
- Obsessive Compulsive Disorder
- Impairments Requiring The Use Of A Wheelchair
- Intellectual Disability

PROTECTED VETERAN DEFINITION

Protected veteran means a veteran who may be classified as an active duty wartime or campaign badge veteran, disabled veteran, Armed Forces service medal veteran or recently separated veteran.

Disabled veteran means (1) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability.

Recently separated veteran means a veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.