



# 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

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.

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

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.

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## ADDITIONAL INFORMATION

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### Other qualifications

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

### COMPUTER SKILLS

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Email	Yes	No
Internet	Yes	No
Word	Yes	No
Spreadsheet	Yes	No
Database	Yes	No

Other Software Proficiency \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 satisfactory manner, with or without a reasonable accommodation, the essential functions of the job for which you have applied?

\_\_\_ YES \_\_\_ No

# **PROFESSIONAL REFERENCES**

**1.**

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(Name, Job Title)

Phone #

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(Business Name, Business Address)

**2.**

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(Name, Job Title)

Phone #

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(Business Name, Business Address)

**3.**

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(Name, Job Title)

Phone #

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(Business Name, Business Address)

**4.**

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(Name, Job Title)

Phone #

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(Business Name, Business Address)

# 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 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 specifically acknowledged in writing by an authorized executive of ARISE.

I understand that if I want to be considered for a position as a personal care assistant, individual consumers and/or their designees who want to hire personal care assistants 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 clients 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 or maltreatment, and the outcome of that investigation. A background check conforming with Mental Hygiene Law, Staff Exclusion List and reference checks may also be conducted.

Because ARISE provides services to clients and subsequently bills Medicaid for services provided in an aggregate amount that exceeds \$500,000 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's List of Excluded and Terminated Providers <http://www.omig.state.ny.us/fraud/medicaid-terminations-and-exclusions>
- Office of the Inspector General, US Dept. of Health & Human Services List of Excluded Individuals/Entities <http://exclusions.oig.hhs.gov/>
- System for Award Management - [www.sam.gov](http://www.sam.gov) This is the Official US Government system that consolidated the Excluded Parties List System list with other federal procurement systems

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.

Have you ever been the subject of an investigation into child abuse, maltreatment, or neglect?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, was the case "indicated" or "unfounded"?	<input type="checkbox"/> indicated	<input type="checkbox"/> unfounded
If "unfounded", was your record expunged?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Social Security Number