



Human Resources Department
162 East Broadway
Monticello, NY 12701

Dear Applicant:

Thank you for your interest in employment with The Arc Greater Hudson Valley New York.

Effective July 1, 2013, New York State Law states that prospective employees, volunteers, or operators who will have regular and substantial unsupervised or unrestricted contact with individuals with developmental disabilities must consent to having his/her fingerprints taken to have a criminal background check, child abuse registry check, Abuse/Neglect History check through OPWDD and a staff exclusion list (SEL) check performed. If you are offered a position, you will be contacted by the Human Resources Department to arrange a time to come in to begin the background check process.

By law you do have the right to obtain, review and seek correction of your criminal history record information under regulations and procedures established by the New York State Division of Criminal Justice Service.

The Arc Greater Hudson Valley New York would like to thank you in advance for your cooperation in the application process. If you have any questions, please contact the Human Resources Department of The Arc Greater Hudson Valley New York.

Sincerely,
The Arc Greater Hudson Valley New York
Human Resources Department



Application for Employment

SECTION I

Date ___/___/___ Position applied for _____

Referred by: Advertisement (which one?) _____

Do any relatives work here? No Yes (name) _____

Relationship _____

SECTION II

Name _____

Email _____ Ph _____ / _____ Best time to reach you _____ am pm
home work

Address _____
P.O. Box /Street city state zip

Are your work records under another name/names? No Yes (specify) _____

Have you previously filed an application with SullivanArc, Arc of Orange County, The Arc Sullivan-Orange Counties or The Arc Dutchess?

No Yes (dates) _____

Have you previously been employed by SullivanArc, Arc of Orange County, The Arc Sullivan-Orange Counties or The Arc Dutchess?

No Yes (dates) _____

Are you 18 or over? No Yes Available to start on _____

Schedule desired (check all that apply): Full time Part time Relief Days Nights Evenings

Weekends Are you currently employed? No Yes If yes, may we contact your present employer? No Yes

Are you legally eligible for employment in the U.S.A.? No Yes

Have you ever been convicted of a crime? No Yes

(date) _____ Do you have any pending criminal charges? No Yes

(date) _____ Description of both _____

Do you have a history of substantiated abuse on file in the OPWDD, OMH or DOH system? If yes, please explain _____

SECTION III

Please be advised that employment offers will be conditional for those positions that require driving. No firm offer will be made until verification of your license and driving history has been completed. Do you currently have a valid NYS or Out of State driver's license? ___ Yes ___ No If out of state, what state? _____ Number of Years Driving with Class D License: _____

Specify any moving violation within the last three (3) years and any suspensions, revocations, DWI/DUAI infractions, convictions, or any other vehicular accidents involving injury to persons or property.

SECTION IV
Educational Experience

Education	Name/Address of School	Did You Graduate?	Degree or Diploma
High School		Y <input type="checkbox"/> N <input type="checkbox"/>	
College		Y <input type="checkbox"/> N <input type="checkbox"/>	
Other		Y <input type="checkbox"/> N <input type="checkbox"/>	

SECTION V
Employment Experience (if you need more space, use an additional sheet of paper)

Name & Address of Company	Date/Year		Reason for leaving	Name of Supervisor
	<i>From</i>	<i>To</i>		
Describe the work you did:				
Telephone:				

Name & Address of Company	Date/Year		Reason for leaving	Name of Supervisor
	<i>From</i>	<i>To</i>		
Describe the work you did:				
Telephone:				

Name & Address of Company	Date/Year		Reason for leaving	Name of Supervisor
	<i>From</i>	<i>To</i>		
Describe the work you did:				
Telephone:				

SECTION VI
Other Work Experience

List any other experiences, skills, qualifications, professional licenses you believe will be beneficial in considering your application.

SECTION VII

Please read and sign

I affirm that the facts set forth in my application are true and complete. I understand that if employed, any omission of facts or false statement on this application may result in my dismissal. I further understand that this application is not, and is not intended to be, a contract of employment nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party without notice, at any time, for any reason or no reason. No one other than an officer of the agency has any authority to enter into any agreement for any employment for any specific period of time or to make any agreement contrary to the foregoing and then only in a written signed statement by an officer.

I authorize The Arc Greater Hudson Valley to make inquiries and investigations of my person, employment history and other related matters as may be necessary in arriving at the employment decision. I hereby release employers, schools and persons from all liability in responding to inquiries in connection with my application.

I also understand that I am required to abide by all rules and regulations of the agency and that I will be required to provide proof of citizenship or work permit at time of employment.

I understand that any offer of employment is conditional pending the results of my Staff Exclusion List Check, Criminal Background Check, Abuse/Neglect History check through OPWDD, Child Abuse Registry Check and Driving Abstract, PPD and Employ Smart (Physical Assessment)

Signature _____ Date _____

CORE VALUES

- *The People We Support Come First*
- *Cultivating a Dynamic Workforce*
- *Demonstrating Trustworthiness and Honesty in Everything We Do*
- *Service at a Higher Level*
- *Positively Impacting the Community*

OUR MISSION

Supporting people with unique abilities to live as valued and contributing members of the community.

All items must be checked and this form completed, before offering this position.

All References **Forms:** Last Employer Previous Employer Personal **Phone References:** #1 #2 #3 #4

Copy of HS/GED/AA/BA/MA Documentation must be on hand before employee begins work.

Human Resources notified

Position offered? No Yes Title _____ Start Date _____ Shift _____

Bi-Weekly Hours _____ Replacement For: _____

Position offered by _____ Date _____

Salary _____ Cost Center _____ **NEW** Employee Phone Extension _____

Supervisor Assigned _____ Date _____

Program/Department Authorization _____ Date _____

FOR HUMAN RESOURCE USE ONLY

Date Received _____
Date Sent to program _____
Program _____
Position _____
Date Returned to HR _____
Letter to Be Sent _____

The Arc Greater Hudson Valley does not discriminate in employment on the basis of race, color, religion, sex (including pregnancy and gender identity), national origin, political affiliation, sexual orientation, marital status, disability, genetic information, age, membership in an employee organization, retaliation, parental status, military service, or other non-merit factor.

JOB APPLICANT WORK REFERENCE FORM

1. Applicant Release

Name of Employer _____

Address _____

Attention: _____

I have applied for a position with The Arc Greater Hudson Valley. The agency's selection process requires professional references.

Please accept this as my authorization to release the information requested on the Employer Verification form below.

I hereby release the above employer, school or person from all liability in responding to inquiries in connection with my application for employment with The Arc Greater Hudson Valley.

Name of Applicant (please print) _____

Signature _____

2. Employer Verification

Position held: _____

Employed from ____/____/____ to ____/____/____

Reason for separation: _____

Eligible for rehire Yes No

Reason: _____

Completed by _____ Title _____

Signature _____ Date _____ Phone _____

For Use By The Arc Greater Hudson Valley

Confirmed Date _____ By whom _____

3. Please Return to

The Arc Greater Hudson Valley
Human Resource Office
162 East Broadway
Monticello, NY 12701

Note: The Arc Greater Hudson Valley will confirm all references by phone.

JOB APPLICANT WORK REFERENCE FORM

1. Applicant Release

Name of Employer _____

Address _____

Attention: _____

I have applied for a position with The Arc Greater Hudson Valley. The agency's selection process requires professional references.

Please accept this as my authorization to release the information requested on the Employer Verification form below.

I hereby release the above employer, school or person from all liability in responding to inquiries in connection with my application for employment with The Arc Greater Hudson Valley.

Name of Applicant (please print) _____

Signature _____

2. Employer Verification

Position held: _____

Employed from ____/____/____ to ____/____/____

Reason for separation: _____

Eligible for hire Yes No

Reason: _____

Completed by _____ Title _____

Signature _____ Date _____ Phone _____

For Use By The Arc Greater Hudson Valley

Confirmed Date _____ By whom _____

3. Please Return to

The Arc Greater Hudson Valley
Human Resource Office
162 East Broadway
Monticello, NY 12701

Note: The Arc Greater Hudson Valley will confirm all references by phone.

4381 Dutchess: Ph:

845-635-8084 Fax: 845-635-8083

Dutchess: Ph: 845-
635-8084 Fax:
845-635-8083

CRIMINAL HISTORY RECORD and STAFF EXCLUSION LIST AND CHILD ABUSE REGISTRY CHECK CONSENT FORM

I understand that The Arc Greater Hudson Valley is required to/authorized by New York State law to request a check of my criminal history record, the child abuse registry and the staff exclusion list and to review the results of the check.

PLEASE READ EACH STATEMENT BEFORE SIGNING

If I am an applicant for employment, I may withdraw my request without prejudice at any time before my application is accepted or declined regardless of whether my criminal history record information has been reviewed.

I have been informed that I have the right to obtain, review and seek correction of my criminal history record information under regulations and procedures established by the New York State Division of Criminal Justice Services and the Federal Bureau of Investigation.

I have been informed of the reason for the request for my criminal history record information.

I give consent to such request for a criminal history record check.

Name: _____

Mailing Address: _____
Street/P.O. Box

_____ City

_____ State

_____ Zip Code

Signature: _____

Date: _____