



Human Resources Department  
203 Cimarron Road  
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

Do any relatives work here? No  Yes  Name \_\_\_\_\_

Relationship \_\_\_\_\_

## SECTION II

Name \_\_\_\_\_

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

Available to start on \_\_\_\_\_ If yes, may we contact your present employer? No  Yes

Do you have a history of substantiated abuse on file in the OPWDD, OMH or DOH system? No  Yes

If yes, please explain \_\_\_\_\_

**SECTION V**

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

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

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

**SECTION VI**

**Other Work Experience**

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

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**SECTION VII  
Personal References**

List four names, NOT former employers or relatives

Name	Mailing Address	Area Code/Telephone

**SECTION VIII  
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 \_\_\_\_\_

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**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 \_\_\_\_\_

<b>For Use By The Arc Greater Hudson Valley</b> Confirmed Date _____ By whom _____
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**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.*

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Reason for separation: \_\_\_\_\_

Eligible for rehire  Yes  No

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# JOB APPLICANT PERSONAL REFERENCE FORM

*Applicant - please complete part 1 of this form and have your reference person fill out part 2.  
Please have both reference forms entirely completed with  
two separate references and submit both with your completed application.*

## ***1. Applicant Release***

Name of Reference \_\_\_\_\_  
Address \_\_\_\_\_

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 Personal Verification form below. I hereby release the above 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 \_\_\_\_\_ Date \_\_\_\_\_

## ***2. Personal Verification***

Relationship to Applicant \_\_\_\_\_  
Length of time acquainted \_\_\_\_\_  
Please give a brief summary of the applicant's  
character: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Phone \_\_\_\_\_

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   162 East Broadway  
   Monticello, NY 12701

<b>For Use By The Arc Greater Hudson Valley</b>	
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Signature \_\_\_\_\_ Date \_\_\_\_\_

## ***2. Personal Verification***

Relationship to Applicant \_\_\_\_\_  
Length of time acquainted \_\_\_\_\_  
Please give a brief summary of the applicant's  
character: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Phone \_\_\_\_\_

***3. Please Return to:***      The Arc Greater Hudson Valley  
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# 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.

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Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street/P.O. Box

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

Signature: \_\_\_\_\_

Date: \_\_\_\_\_