

# Application for Employment

## **SECTION I**

Date/ Position appl \ L.Qfor			
Referred by: âAdvertisement "	(which one?)		B B B B B
Do any relatives work here? No "Yes (nan	me)		
Relationship			
SECTION II			
Name B B <b>B B B</b> B		B B B B B B B B B B B B B B B B B B B	
Email	Ph//	Best time to reach you_	am 🗆 pm 🗅
Address			home work
Are your work records under another name/n		state (specify)	zip
Have you previously filed an application with	h SullivanArc, Arc of Oranş	ge County, The Arc Sullivan-Orange C	ounties or The Arc Dutchess?
No □ Yes □ (dates)	_		
Have you previously been employed by Sulli	vanArc, Arc of Orange Cou	nty, The Arc Sullivan-Orange Counties	s or The Arc Dutchess?
No □ Yes □ (dates)			
Are you 18 or over? No □ Yes □	Avai	ilable to start on	
Schedule desired (check all that apply): Full	time  Part time	Relief □ Days □ N	lights □ Evenings □
Weekends □ Are you currently employed	ed? No □ Yes □ I	f yes, may we contact your present e	employer? No □ Yes □
Are you legally eligible for employment in the	he U.S.A.? No □ Yes	s 🗖	
Have you ever been convicted of a crime? No	o □ Yes □		
(date)_		Do you have any pending crimin	al charges? No □ Yes □
(date)			-
Do you have a history of substantiated abuse	on file in the OPWDD, O	MH or DOH system? If yes, please	explain
SECTION III			
Please be advised that employment offers will until verification of your license and driving license?YesNo If out of state, what	history has been complete	d. Do you currently have a valid N	YS or Out of State driver's
Specify any moving violation within the last or any other vehicular accidents involving inj			infractions, convictions,

## **SECTION IV**

## **Educational Experience**

Education	Name/Address of School	Did You Graduate?	Degree or Diploma
High School		Y 🗆 N 🗆	
College		Y 🗆 N 🗆	
Other		Y 🗆 N 🗅	

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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
1 7	From	То		
	Describe tl	ne work you die	d.	
Telephone: ( )				
Name & Address of Company	Date/Year		Reason for leaving	Name of Supervisor
	From	То		
	Describe tl	ie work you die	d:	
Telephone: ( )				
Name & Address of Company	Date/Year	,	Reason for leaving	Name of Supervisor
Name & Address of Company	From	То	Keason for leaving	Name of Supervisor
	Trom	10		
	<b>D</b> 11 11		<u> </u>	
	Describe the	ne work you die	d:	
Telephone: ( )				
SECTION VI				
Other Work Experience				
Tiet and other amore alitte a	1: <i>C</i> :4:	- Ci1 1i		
List any other experiences, skills, q	uanneations, pro	oressional ficens	ses you believe will be beneficial i	n considering your applica

Sullivan & Orange: Ph: 845-796-1350 Fax: 845-796-4381 Dutchess: Ph: 845-635-8084 Fax: 845-635-8083

#### 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	
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#### **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 c	hecked and this form con	npleted, before offerin	g this positi	on.	
□ All References	Forms: □Last Employer	□Previous Employer	□Personal	Phone References	s: 🗆#1 🗆#2 🗆#3 🗆#4
□ Copy of HS/GED	D/AA/BA/MA Document	ation must be on hand	before emplo	oyee begins work.	
□ Human Resource	es notified				
Position offered? N	o 🗆 Yes 🗆 Title			_ Start Date	Shift
Bi-Weekly Hours	Replac	ement For:			
Position offered by_				Date	
Salary	Cost Cente	r <b>NEW</b> :	Employee Pl	hone Extension	
Supervisor Assigned	i			Date	
Program/Departmen	at 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

3. Please Return to

value of Employer	
Address	
Attention:	
references. Please accept this as my autho	with The Arc Greater Hudson Valley. The agency's selection process requires professional orization to release the information requested on the Employer Verification form below. ployer, school or person from all liability in responding to inquiries in connection with my
application for employment w	ith The Arc Greater Hudson Valley.
Name of Applicant (please	
 Signature	
<b>2. Employer Verification</b> Position held: Employed from /	on / to / /
2. Employer Verification  Position held:  Employed from/  Reason for separation:  Eligible for rehire □  Reason:	/to/
2. Employer Verification  Position held:	on / to / /

Human Resource Office

162 East Broadway Monticello, NY 12701

The Arc Greater Hudson Valley

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

Sullivan & Orange: Ph: 845-796-1350 Fax: 845-796-4381

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

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Name of Applica	•	• /					
Signature							
2. Employer V	_						
Position held:				,			
Position held: Employed from_	ration:	/	_ to	/			
Reason for sepai Eligible for rehir	ration:	Yes □	No		_/		
Reason for sepai Eligible for rehii Reason:	ration:	Yes 🗆	No				
Reason for sepai Eligible for rehir	ration:	Yes 🗆	No		Title		

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

Human Resource Office 162 East Broadway Monticello, NY 12701

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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 ReferenceAddress	
professional references. Pleas Verification form below. I he	with The Arc Greater Hudson Valley. The agency's selection process requires se accept this as my authorization to release the information requested on the Personal creby release the above person from all liability in responding to inquiries in connection by ment with The Arc Greater Hudson Valley.
Name of applicant (please r	orint)
Signature	Date
2. Personal Verification	
Relationship to Applicant_	
Length of time acquainted_ Please give a brief summary	
	y of the applicant's
	Date
Phone	
3. Please Return to:	
o. Pieuse Keiurn io.	The Arc Greater Hudson Valley Human Resource Office
	162 East Broadway
	Monticello, NY 12701
For Use By The A	arc Greater Hudson Valley
	By whom
Commined Date	By whom

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~ •	Date
2. Personal Verificatio	on
Relationship to Applicant	
Length of time acquainted	
Please give a brief summar	
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Signature	Date
Phone	
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	Arc Greater Hudson Valley  By whom

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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.				
Name:				
Mailing Address:				
Str	reet/P.O. Box			
City	State	Zip Code		
Signature:				
Date:	_			