



EMPLOYMENT APPLICATION

Putnam County Chapter, NYSARC, Inc. [PARC]
 31 International Boulevard
 Brewster, NY 10509-2345
 (845) 278-7272
www.putnamarc.org

AN EQUAL OPPORTUNITY EMPLOYER

Putnam County Chapter, NYSARC, Inc., is an equal opportunity employer. It is the policy of PARC to promote equal employment opportunity for all persons regardless of race, color, religion, age, sex, national origin, alienage, citizenship, disability, sexual orientation or marital status.

GENERAL

POSITION APPLIED FOR :	OTHER TYPE OF WORK DESIRED:	SALARY REQUIRED	DATE OF APPLICATION
TYPE OF EMPLOYMENT (CHECK ONE) <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY/SEASONAL/SUMMER		DATE AVAILABLE TO START WORK	
WHAT PROMPTED YOU TO FILE THIS APPLICATION FOR EMPLOYMENT? <input type="checkbox"/> NEWSPAPER _____ <input type="checkbox"/> EMPLOYEE _____ <input type="checkbox"/> OTHER _____			
STATE THE NAMES OF ANY FRIENDS OR RELATIVES, EXCLUDING A SPOUSE, CURRENTLY EMPLOYED BY PARC: _____ _____			
HAVE YOU EVER BEEN EMPLOYED BY PARC? <input type="checkbox"/> YES <input type="checkbox"/> NO	POSITION HELD/DATES	REASON FOR LEAVING	

PERSONAL DATA

(PRINT) LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NO.
STREET ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER ()			
PREVIOUS ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER ()			
ARE YOU EITHER A U.S. CITIZEN OR DO YOU HAVE THE RIGHT TO REMAIN PERMANENTLY IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF ANY RECORDS ARE UNDER ANY NAME OTHER THAN SHOWN, PLEASE INDICATE: _____			
ARE YOU OVER THE AGE OF 18? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DO YOU HAVE A DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE COMPLETE: STATE _____ LICENSE NO. _____		
HAVE YOU EVER BEEN A MEMBER OF THE ARMED FORCES OF THE UNITED STATES?			
IF YES, PLEASE INDICATE: BRANCH _____ DATE OF SERVICE _____			
SPECIAL TRAINING OR EXPERIENCE RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING: _____			

HAVE YOU HAD ANY PRIOR TO CURRENT EXPERIENCE AS AN EMPLOYEE, VOLUNTEER, OR CERTIFIED PROVIDER WITH OMRDD OR OMH; ANY OTHER STATE AGENCY; OR ANY OTHER PROVIDER OF HUMAN SERVICES?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU HAD ANY PRIOR OR CURRENT EXPERIENCE IN CHILD-CARE?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
HAVE YOU HAD ANY PRIOR OR CURRENT EXPERIENCE IN DIRECT CARE WORK?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU EVER BEEN EXCLUDED FROM PARTICIPATION IN ANY FEDERALLY SPONSORED HEALTH CARE PROGRAMS INCLUDING, BUT NOT LIMITED TO, MEDICAID AND MEDICARE?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
PLEASE PROVIDE THE NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF REFERENCES WHO CAN VERIFY EACH EXPERIENCE			
NAME	MAILING ADDRESS	PHONE NUMBER	

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CRIMINAL RECORD

HAVE YOU EVER BEEN CONVICTED OF OR ARE YOU AWAITING TRIAL DISPOSITION ON A FELONY, MISDEMEANOR OR SUMMARY OFFENSE IN ANY JURISDICTION AND/OR DO YOU HAVE ANY PENDING CRIMINAL CHARGES, ARRESTS, OR CRIMINAL ACCUSATIONS AGAINST YOU?
 YES NO

If yes, include a description of all convictions and pending criminal charges. State nature of offenses, when, where (exact location), and disposition.

CONVICTIONS WILL NOT AUTOMATICALLY DISQUALIFY JOB CANDIDATES. DATE OF CONVICTION AND SEVERITY WILL BE CONSIDERED. Please be advised that PARC is required by law to request and review any criminal history information for persons performing certain job duties within the Agency. If the position you are applying for requires this background check, you will be required to provide information, statements and fingerprints according to legal requirements and the Agency shall request information concerning you from the Division of Criminal Justice Services, the Federal Bureau of Investigation, the Excluded Parties List System of the General Services Administration, the Office of the Inspector General and New York State. Also, you will have the right to obtain, review and seek correction of criminal history information received in response to the criminal background check.

MOTOR VEHICLE DRIVING CERTIFICATION AND RECORD OF CONVICTIONS

I certify that the following is a true and complete list of moving violations (other than parking violations) for which I have been convicted of during the past three years; any suspension, revocation, DWI, or any occurrence involving harm to anyone or property while driving. Please describe each incident in detail including dates.

If NO violations are listed above, I hereby certify that I have NOT been convicted of any moving violation, suspension, revocation, DWI, or any occurrence involving harm to anyone or property. I understand that PARC has the right to verify my record of convictions with the Department of Motor Vehicles. **I fully understand that if this certification fails to disclose convictions or offenses, or inaccurately discloses such information, PARC may justly terminate my employment or provisional employment.**

EDUCATION

	NAME AND ADDRESS	GRADUATED		TYPE OF DEGREE, DIPLOMA OR CERTIFICATE & MAJOR/MINOR FIELDS OF STUDY
		YES	NO	
HIGH SCHOOL				
ALL VOCATIONAL SCHOOLS				
ALL COLLEGES OR UNIVERSITIES				

OTHER RELATED HISTORY/ ACTIVITIES/SKILLS

STATE PROFESSIONAL LICENSES AND WHERE REGISTERED; VOLUNTEER EXPERIENCE OR ANY OTHER SPECIAL TRAINING OR SKILLS YOU HAVE THAT RELATE TO THE TYPE OF SERVICES OUR AGENCY PROVIDES.

EMPLOYMENT RECORD

List your ENTIRE employment history. List most recent jobs first. Include full and part-time work, and self-employment. Attach additional sheet(s) if necessary. The entire period must be accounted for.

EMPLOYER		ADDRESS		FROM	TO
JOB TITLE	SUPERVISOR	TELEPHONE NUMBER	SALARY	MAY WE CONTACT AT THE PRESENT TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, INDICATE WHEN:	
REASON FOR LEAVING		DUTIES PERFORMED			
EMPLOYER		ADDRESS		FROM	TO
JOB TITLE	SUPERVISOR	TELEPHONE NUMBER	SALARY	MAY WE CONTACT AT THE PRESENT TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, INDICATE WHEN:	
REASON FOR LEAVING		DUTIES PERFORMED			
EMPLOYER		ADDRESS		FROM	TO
JOB TITLE	SUPERVISOR	TELEPHONE NUMBER	SALARY	MAY WE CONTACT AT THE PRESENT TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, INDICATE WHEN:	
REASON FOR LEAVING		DUTIES PERFORMED			
EMPLOYER		ADDRESS		FROM	TO
JOB TITLE	SUPERVISOR	TELEPHONE NUMBER	SALARY	MAY WE CONTACT AT THE PRESENT TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, INDICATE WHEN:	
REASON FOR LEAVING		DUTIES PERFORMED			

BUSINESS AND PERSONAL REFERENCES AND RELEASE

PLEASE LIST ALL PAST OR PRESENT IMMEDIATE SUPERVISORS, INCLUDING YOUR LAST PLACE OF EMPLOYMENT. PLEASE DO NOT INCLUDE RELATIVES OR PARC EMPLOYEES.

PARC IS A TOBACCO -FREE WORKPLACE

BUSINESS NAME AND ADDRESS	IMMEDIATE SUPERVISOR'S NAME & TITLE	PHONE NUMBER & EXTENSION
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BUSINESS NAME AND ADDRESS	IMMEDIATE SUPERVISOR'S NAME & TITLE	PHONE NUMBER & EXTENSION

PERSONAL REFERENCES AND RELEASE - PLEASE PROVIDE TWO PERSONAL REFERENCES, INCLUDING TEACHERS, NEIGHBORS, VOLUNTEER ORGANIZATIONS WHO WILL ATTEST TO YOUR WORK SKILLS AND SUITABILITY TO WORK IN HUMAN SERVICES. PLEASE **DO NOT** INCLUDE RELATIVES OR PARC EMPLOYEES.

NAME AND ADDRESS	ORGANIZATION NAME OR RELATIONSHIP TO APPLICANT	PHONE NUMBER & EXTENSION
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I hereby authorize the above BUSINESS AND PERSONAL REFERENCES to furnish PARC with any information concerning my employment history, qualifications, work skills, and suitability to work in Human Services. I release the above from any liability in furnishing the requested information. This information will be kept confidential.

Applicant Understanding and Agreements

I fully understand that nothing contained in this employment application is intended to create an employment contract between PARC and the employee either for employment or regarding any particular term or condition of employment. I also understand that employment and compensation with PARC can be terminated, with or without cause, and with or without notice, at any time, for any reason or for no reason at all, at the option of the Agency or the employee.

I have been informed and understand that PARC is required by law to request and review any criminal history information for persons performing certain job duties within the Agency. If the position I am applying for requires this background check, I will be required to provide information, statements and fingerprints and the Agency shall request information concerning me from the Division of Criminal Justice Services, the Federal Bureau of Investigation and the Excluded Parties List of the General Services Administration, the Office of the Inspector General and New York State. I understand and accept the fact that my criminal history information (if any) that is communicated to the Agency may result in my disqualification as a candidate for employment, or termination of my employment (if the results of the background check are completed after a job offer has been made). I further understand that I have the right to obtain, review and seek correction of my criminal history information and I have been informed of these rights. Upon the completion of the criminal background check, I will be informed of the procedures necessary to exercise these rights.

I hereby certify that the answers given by me to the foregoing questions and statements are true and correct and hereby authorize PARC to verify the same. If employment is obtained under this application, I will comply with all policies, rules and regulations of the Agency. I agree to and understand that a job offer is contingent upon passing an employment reference check, criminal background check as applicable, and satisfactory completion of the required 90-day introductory period. I also authorize my former employers, educational institutions and the Military to give any information they may have regarding me. **I UNDERSTAND THAT ANY FALSE STATEMENT OR OMISSION ON THIS APPLICATION WILL BE CONSIDERED JUST CAUSE FOR REJECTION OR TERMINATION.**

SIGNATURE

PARC IS A TOBACCO -FREE WORKPLACE
DATE