Advocacy and Resource Center

231 New York Rd • Plattsburgh NY 12903

(518)563-0930

Equal Opportunity/Affirmative Action Employer

females, minorities, disabled, veterans

EMPLOYMENT APPLICATION

Name:_____ **SS#:**_____

Other Names:_____

Street:_____

City:_____ **State:**_____

If hired, can you provide written evidence that you are authorized to work in the U.S.? ___Yes ___No

Zip:_____ **Phone:**_____

Cell Phone: _____

Are you 18 years of age or older?

_____Yes _____No

E-Mail:_____

Have you worked for this Agency before?	**Have you applied to this Agency before?**
___No	___No
___Yes. If yes, when? _____	___Yes. If yes, when?_____

How were you referred to us?

____ Newspaper Ad ____ One Work Source ____ College/University

____ NYS Job Central ____ Current Employee ____ Other_____

Position(s) Applying For:

Do you have any relatives who are a board or committee member? Y / N

Do you have any relatives who work for this Agency? Y / N If so, who?

I am seeking: (check all those that apply and enter hours in block to the right):

____ Full-time ____ Weekends

____ Part-time ____ Overnights

____ Relief / On-call ____ Evenings

____ Other ____ Days

HOURS AVAILABLE TO WORK	
MON.	to
TUES.	to
WED.	to
THUR.	to
FRI.	to
SAT.	to
SUN.	to

EDUCATION HISTORY

Please include names and addresses of the schools/programs you have attended.

School Attended	Name of School	Address City / State	Graduate ? (Yes/No)	Course or College Major	GPA
High School					
College					
College					
Tech. Training					

DRIVING RECORD

1) Do you have a valid drivers license? ____No ____Yes What State? _____

2) Have you received a ticket and/or any points on your driving record?

____No ____Yes. If yes, describe in detail below. Include dates, if known.

_____

_____

3) Has your license ever been revoked or suspended? ____No ____Yes. If yes, please describe in detail below, including the date of revocation and/or suspension.

_____

_____

4) Have you ever been convicted of a DWAI / DWI / DUI? ____ No ____Yes. If yes, please describe in detail below.

_____

_____

5) Have you ever been involved in any motor vehicle accident involving harm to anyone or property while driving? ____No ____ Yes. If yes, please describe in detail below.

_____

_____

EMPLOYMENT HISTORY

Please include the names, addresses and phone numbers of your last four (4) employers. List most recent first and provide all information requested. (no blanks)

Employer Name: ______________________ Date: From_____/_____ to _____/_____

Address: ______________________ Position Title: ______________________

Phone #: ______________________ Duties: ______________________

Supervisor: ______________________ ______________________

Starting Salary: ______________________ ______________________

Ending Salary: ______________________ Reason For Leaving: ______________________

Employer Name: ______________________ Date: From_____/_____ to _____/_____

Address: ______________________ Position Title: ______________________

Phone #: ______________________ Duties: ______________________

Supervisor: ______________________ ______________________

Starting Salary: ______________________ ______________________

Ending Salary: ______________________ Reason For Leaving: ______________________

Employer Name: ______________________ Date: From_____/_____ to _____/_____

Address: ______________________ Position Title: ______________________

Phone #: ______________________ Duties: ______________________

Supervisor: ______________________ ______________________

Starting Salary: ______________________ ______________________

Ending Salary: ______________________ Reason For Leaving: ______________________

Employer Name: ______________________ Date: From_____/_____ to _____/_____

Address: ______________________ Position Title: ______________________

Phone #: ______________________ Duties: ______________________

Supervisor: ______________________ ______________________

Starting Salary: ______________________ ______________________

Ending Salary: ______________________ Reason For Leaving: ______________________

Please list 3 personal references. *They cannot be relatives or anyone listed above.*

Name	Occupation	Phone Number

OTHER RELATED HISTORY

Please list below any prior or current experience as an employee, volunteer or provider with the New York State Office for People with Developmental Disabilities (OPWDD), any other state agency or any other human services provider.

Also list any other experience you have in direct care work relevant to the position for which you are applying. Employment listed on the preceding page under Employment History need not be repeated here. Please provide the names, addresses and telephone numbers for references who can verify each experience.

Please list any other special training or skills you have or any courses you have taken that relate to the type of services our Agency provides.

CRIMINAL HISTORY

Have you ever been convicted of a misdemeanor or felony in any jurisdiction? ____ No ____Yes. If yes, please describe conviction in detail below.

Are there any pending criminal charges, arrests or criminal accusations against you? ____No ___Yes. If yes, please describe in detail below.

Please be advised that you will need to provide information, statements and fingerprints according to the requirements of the Agency, the NYS Justice Center and OPWDD, in order for a background check to be conducted through DCJS. Also you will have the right to obtain, review and seek correction of any information received in response to the criminal background check conducted by DCJS.

I hereby authorize you to contact my previous employers and references.

This application is not intended as a contract of employment nor does this application obligate the employer in any way if the employer decides to hire me.

By signing below, I certify that the information I have provided in this application is true and complete. I understand that if employed, any false statement or information that I have provided on this application may result in termination of my employment.

Signature:_____ Date: _____

Voluntary Self-Identification Form

The following information is being requested for Government reporting purposes and to measure our good faith outreach efforts. The information that you supply will not be used in our selection decision. Your submission of this information is optional. Failure to provide the information will not be used against you.

Name_____ Date_____

Position Applied For: _____ Search Number _____

Referred by: _____

Gender

- ☐ Female
- ☐ Male

Race

- ☐ Hispanic or Latino
- ☐ White
- ☐ Black or African American
- ☐ Asian
- ☐ Native Hawaiian/Pacific Islander
- ☐ American Indian or Alaska Native
- ☐ Two or More Race (Not Hispanic or Latino)

Veteran Status

If you believe you belong to any of the categories of protected veterans listed below, please indicate by checking the appropriate box. As a Government Contractor, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake.

- ☐ I identify as one or more of the classifications of protected veteran listed below.
- ☐ I am not a Protected Veteran
- ☐ I choose not to provide this information.

Definitions:

Disabled Veteran - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (ii) a person who was discharged or released from active duty because of a service-connected disability.

Active Wartime or Campaign Badge Veteran - means a veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.

Armed Forces Service Medal Veteran - any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 Fed. Reg. 1209)

Recently Separated Veteran -any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

Definitions:

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.[i] To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

☐ YES, I HAVE A DISABILITY (or previously had a disability)
☐ NO, I DON'T HAVE A DISABILITY
☐ I DON'T WISH TO ANSWER

_____ _____
Your Name Today's Date

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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[i] Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.