

# APPLICATION FOR EMPLOYMENT

We are an **Equal Opportunity Employer**. We consider all applications for all positions without regard to race, color, religion, gender, national origin, age, sexual orientation, genetic predisposition or carrier status, disability, marital status, pregnancy, veteran status, or any other legally protected class or status. Please notify a company representative if you require a reasonable accommodation to participate in the application and/or interviewing process.

Please **TYPE** or **PRINT** clearly. To be considered for employment, this *Application for Employment Form* must be completed and signed personally by the applicant. Each question must be answered in full, even if a resume is provided. If an answer is NO or NOT APPLICABLE, indicate such.

Name (First, Middle, Last)

Street Address

City  State  Zip Code  Home Phone ( ) -

Cell Phone: ( ) - Other Phone: ( ) - E-mail:

Are you legally eligible for employment in the United States?  Yes  No (*Employment eligibility will be verified upon employment.*)

Are you 18 years of age or older?  Yes  No

## EDUCATIONAL BACKGROUND

	Name and Location of School	# of Years Completed	Course of Study/Major	Diploma or Degree Obtained	GPA
High School					
College					
Other					

**Special Training:**

Medical Certification?  Yes, Date: \_\_\_/\_\_\_/\_\_\_  No First Aid?  Yes, Date: \_\_\_/\_\_\_/\_\_\_  No CPR?  Yes, Date: \_\_\_/\_\_\_/\_\_\_  No

Position Applied For  MSC  Broker  Direct Care (DSP)  Administrative Salary or Hourly Wage Desired: \$

If applying for a position that requires driving a motor vehicle, do you have a valid NYS Driver License?  Yes  No

Are you Available to Work  Full-Time  Part-Time  Temporary  Relief  
(check all that apply)  Day  Evening  Nights  Weekends Date Available to Start:

Are you currently employed?  Yes  No If yes, may we contact your employer to obtain employment information?  Yes  No

Have you ever been employed with Onondaga Community Living?  Yes  No; if yes, when:

Have you ever been convicted of a felony or misdemeanor?  Yes  No

Do you have any criminal charges pending against you?  Yes  No

Have you ever quit or resigned from employment to avoid termination due to a disciplinary action against you?  Yes  No

**REFERENCES** List 5 people acquainted with your training, experience and qualifications other than a former supervisors

Name	Occupation	Address	Phone #	Yrs. Known

**EMPLOYMENT HISTORY** Provide employment information, including military service, for the last 7 YEARS, starting with the most recent employer first. If you've held more than three jobs, provide this information on another sheet and attach to this form.

Name of Employer		Telephone Number (    )	
Street Address	City	State	Zip Code
Job Title(s) Held		Supervisor Name and Job Title	
Employment Dates (Month/Year): From ____/____ to ____/____		Hourly Wage/Salary Start: ____	Final: ____
Brief description of job duties, responsibilities and significant accomplishments:			
Reason for leaving (Note as "current" if presently employed):			
May we contact for employment verification? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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List any other certificates, licenses, or professional achievements that would support your qualifications for employment:

List any additional skills, training, and/or technical/professional knowledge that is relevant to the job for which you are applying:

**PLEASE READ CAREFULLY AND SIGN BELOW**

I certify the above information is true and correct. If employed, I understand that any false or misleading information given in my application or interview(s) may result in termination of employment.

I give *Onondaga Community Living* the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability any previous employer for any damage resulting from issuing this information.

I understand and acknowledge that, unless defined by applicable law, any employment relationship with *Onondaga Community Living* is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause.

As per NYS OPWDD regulations, I understand that I will be required to submit to a Criminal History Records Check (fingerprint process) performed by the FBI as well as NYS Division of Criminal Justice Services. In addition I will be required to submit to an Abuse Record Check when hired to work in a certified setting. I will also be required to submit to the Employee, Contractor, Exclusions Screening performed by the New York State Department of Health (AIG Office). In addition I will be required to submit to a Department of Motor Vehicles background check when driving is an essential function of the position in which I am applying. These checks will determine my eligibility for employment based upon an ongoing review of my criminal history.

A criminal conviction does not necessarily disqualify an applicant from employment consideration. Determinations regarding employment related to criminal history are made in conjunction with our regulator. Employment decisions based on a conviction take into consideration factors such as the extent to which the offense relates to the functions of the particular job, the seriousness of the offense, rehabilitation, and length of time since the conviction.

The receipt of this application does not constitute an agreement or contract for employment, but only that the applicant will be given consideration should a suitable vacancy occur.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

### EMPLOYMENT ADDENDUM

All positions for at least the last 7 years must be included on the application for employment.  
Please enter additional employment information here, if necessary.

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