

WAYNE ARC APPLICATION FOR EMPLOYMENT

150 Van Buren Street • Newark, NY 14513 • (315) 331-7741 • www.waynearc.org

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, sexual orientation, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

(Please Print)

Date of Application: _____

A P P L I C A N T D A T A	LAST NAME	FIRST NAME	MIDDLE	OTHER NAME(S) KNOWN BY
	STREET ADDRESS			HOME PHONE () -
	CITY	STATE	ZIP	CELL PHONE () -
	Position Applying For:			
	Have you previously been employed by Wayne ARC or any other Human Service Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date: _____ Program/Agency: _____ Position: _____			
	Have you filed an application with this organization within the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date: _____ Program: _____ Position: _____			
	Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Substitute/Relief <input type="checkbox"/> Temporary Start Date: _____			
	Are you on a lay-off & subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____			
	Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, verification of legal age is required.			
	Do you need any environmental adaptation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____			
	Are you legally authorized to work in the U.S.A.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Have you ever been convicted of a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No Are there any charges presently pending against you alleging that you committed a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, dates: _____ If yes, please explain: _____			
	Have you been the subject of any adverse action(s) by any duly authorized sanctioning disciplinary or licensing agency for either conduct based or performance based actions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____			
	Have you ever been convicted of or had prior employment history involving child or individual abuse, neglect or mistreatment including any pending actions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____			
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____				

E D U C A T I O N	School	Name and Full Address of School	Course of Study	No. of Years Completed	Did You Graduate	Degree/Diploma & Major
	High School			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other (Specify)			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Note: If applicable to position, license and/or transcript will be presented prior to employment.

Do you have a current college placement folder available? Yes No

If yes, College: _____	Address: _____	Phone: () -
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An Equal Opportunity Employer

E M P L O Y M E N T H I S T O R Y	List your last four (4) employers, assignments, or volunteer activities, starting with the most recent, including military experience. (Resumes may not be used as a substitute)				
	EMPLOYER	TELEPHONE () -	DATES EMPLOYED:	FROM	TO
	ADDRESS		HOURLY RATE/SALARY	STARTING	FINAL
	JOB TITLE		\$	\$	
	IMMEDIATE SUPERVISOR & TITLE	Summarize the nature of the work performed and job responsibilities:			
	REASON FOR LEAVING				
	MAY WE CONTACT FOR REFERENCE?				
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER				
	EMPLOYER	TELEPHONE () -	DATES EMPLOYED:	FROM	TO
	ADDRESS		HOURLY RATE/SALARY	STARTING	FINAL
	JOB TITLE		\$	\$	
	IMMEDIATE SUPERVISOR & TITLE	Summarize the nature of the work performed and job responsibilities:			
	REASON FOR LEAVING				
	MAY WE CONTACT FOR REFERENCE?				
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER				
	EMPLOYER	TELEPHONE () -	DATES EMPLOYED:	FROM	TO
	ADDRESS		HOURLY RATE/SALARY	STARTING	FINAL
	JOB TITLE		\$	\$	
	IMMEDIATE SUPERVISOR & TITLE	Summarize the nature of the work performed and job responsibilities:			
	REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCE?					
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER					
EMPLOYER	TELEPHONE () -	DATES EMPLOYED:	FROM	TO	
ADDRESS		HOURLY RATE/SALARY	STARTING	FINAL	
JOB TITLE		\$	\$		
IMMEDIATE SUPERVISOR & TITLE	Summarize the nature of the work performed and job responsibilities:				
REASON FOR LEAVING					
MAY WE CONTACT FOR REFERENCE?					
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER					

<p>PLEASE EXPLAIN ANY GAPS IN YOUR EMPLOYMENT:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

S K I L L S	SKILLS AND QUALIFICATIONS Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with our organization. (You should exclude al information indicative of age ,sex, race, religion, color, origin)	

A F F I L I A T I O N S	List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, ancestry or other protected status.)	
	Organization	Office Held
	_____	_____
	_____	_____

R E F E R E N C E S	Give name, address, occupation, phone number, and number of years you have known <u>THREE</u> personal/business references who are not related or are not a previous employer. You may also indicate references from an educational institution.				
	NAME	ADDRESS	OCCUPATION	PHONE	YEARS KNOWN
	_____	_____	_____	() -	_____
	_____	_____	_____	() -	_____

M I L I T A R Y	Complete this section if you served in the U.S. Armed Forces:				
	Describe your duties and any special training:	Branch of Service:		_____	
		Period of Active Duty: (Month & Year)		From:	To:
		Rank at Discharge:		_____	
Date of Final Discharge:		_____			

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans and Individuals with Physical or Mental Handicaps:

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires tat they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as needed, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment. If you wish to be identified, please sign below.

- Handicapped Individual
 Disabled Veteran
 Vietnam Era Veteran

Applicant Signature

Date

APPLICANT'S AGREEMENT

(Please read the following statement carefully)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I give the employer the right to investigate all references and to secure additional information about me. I hereby release from liability the Agency and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

The employer is an equal opportunity employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by Local, State, or Federal Laws.

Applicant Signature

Date

For Office Use Only

REFERENCE VERIFICATIONS

E M P L O Y M E N T	EMPLOYER	PERSON CONTACTED	DATE	COMMENTS/RESULTS
NOTE: ONE OF THE REFERENCE CHECKS MUST BE APPLICANT'S LAST PLACE OF EMPLOYMENT OR RELATED EXPERIENCE.				

E D U C A T I O N	SCHOOL NAME	PERSON CONTACTED	DATE	COMMENTS/RESULTS
	HIGH			
	COLLEGE			
	GRADUATE			
	TECHNICAL			
NOTE: VERBAL VERIFICATION OR OFFICIAL COLLEGE TRANSCRIPT AND COPY OF DIPLOMA/DEGREE, IF AVAILABLE, FOR MINIMUM QUALIFICATIONS AND REQUIREMENTS FOR THE POSITION.				

P E R S O N A L	PERSON CONTACTED	RELATIONSHIP	DATE	COMMENTS/RESULTS
NOTE: VERIFY AT LEAST TWO.				

L I C E N S E / C E R T I F I C A T I O N	AGENCY	CONTACT SOURCE (WEBSITE/ INDIVIDUAL)	DATE	COMMENTS/RESULTS
	NOTE: VERIFY CURRENT CERTIFICATION OR LICENSE.			

S A N C T I O N S C R E E N I N G	AGENCY	DATE	COMMENTS/RESULTS
	LEIE		
	National Practitioner Database (Clinical Staff Only)		

APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

(PLEASE PRINT)

Name: _____ **Date of Application:** _____
Last First Middle Initial

Position Applying For: _____

Referral Source: (Check One Only)

- | | |
|--|---|
| <input type="checkbox"/> Wayne ARC Employee Referral | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Relative | <input type="checkbox"/> Job Fair |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Outside Referral (School, Dept. of Labor, Employment Agency) |
| <input type="checkbox"/> Walk In | <input type="checkbox"/> Newspaper (name) _____ |
| <input type="checkbox"/> Phone Inquiries | |

Affirmative Action Survey

Government agencies require periodic reports on the gender and ethnicity of applicants. This data for analysis and affirmative action only.

Check One: Male Female

Check one of the following Race/Ethnic groups:

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

Explanation of Categories:

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 races.

DRIVING ADDENDUM

1. Do you have a valid driver's license? If no, go directly to question #5.

Yes No

If yes, please complete the following:

New York State
 Out of State, Name of State: _____

2. Do you have a CDL license?

Yes No

If yes, type & Endorsement: _____

3. Have you been convicted of a moving violation within the past (3) years?

Yes No

If yes, please complete the following:

Date of Violation	Offense	Court Location

4. Have you ever had a license suspension, revocation, DWI, conviction or any occurrence involving harm to anyone or property, including any pending actions?

Yes No

If yes, please complete the following:

Date	Description

5. Have you ever been convicted or had prior employment history involving child or individual abuse, neglect or mistreatment, including any pending actions?

Yes No

If yes, please complete the following:

Date	Description

This information is correct to the best of my knowledge:

Print Name

Signature

Date

Effective 1/1/96, Wayne ARC mandates drug and alcohol testing for those drivers of commercial motor vehicles who fulfill safety sensitive functions, drive motor vehicles with a gross weight of 26,000 lbs. or more, or who operate a vehicle that is designed to transport 16 or more passengers including the driver, prior to employment.

Read and Sign

IMPORTANT NOTICE TO ALL APPLICANTS

To ensure the protection of Wayne ARC's program participants in conjunction with State and Federal regulations, any person who has completed an application on or after April 1, 2005 will be required to undergo a Criminal History Record Check through the Office of Mental Retardation and Developmental Disabilities per Chapter 575 of the Laws of 2004. All persons who have completed an application on or after April 1, 2005 will be initially hired as "provisional" employees. During the provisional employment period, such employees may not work unsupervised with persons receiving services.

When a provisional employee is cleared for employment by OMRDD/OMH, the employment status will be changed from "provisional" to "acceptable." In the event the Criminal History Record Check is not cleared by OMRDD/OMH, employment will be immediately terminated.

In addition, these regulations authorize and require agencies like Wayne ARC to ascertain whether an applicant currently has any pending charges against him/her.

The applicant has the right to obtain, review and seek correction of his/her Criminal History Record information under regulations and procedures established by the New York State Division of Criminal Justice Services.

The applicant may withdraw his or her application for employment, without prejudice, at any time before employment is offered or declined, regardless of whether the applicant or agency or provider of services has reviewed the summary of the applicant's Criminal History Record information.

Wayne ARC Immigration Law Requirements

Pursuant to the 1986 Immigration Reform and Control Act, immediately upon employment, all new employees must provide their employer with the necessary documents to prove their employability and identity.

If you are hired by Wayne ARC, please be prepared to provide the following documents on the first date of employment or within the first 72 hours of employment:

For Identity and Employment Eligibility, one of the following documents is required:

- United States Passport (unexpired or expired)
- Permanent Resident Card or Alien Registration or Alien Registration Receipt Card (Form I-551)
- Unexpired foreign passport with a temporary I-551 stamp
- Unexpired Employment Authorization Document that contains a photograph (Form I-766, I-688, I-688A, I-668B)
- Unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigration status, if that status authorizes the alien to work for the employer.

If you do not have any of the above documentation, you must provide separate documentation for identity and employment eligibility consisting of one item from each of the two lists below:

Documentation that Establish Identity

- A state issued driver's license or I.D. card with a photograph or information including name, sex, date of birth, gender, height, weight, color of eyes, and address
- U.S. Military Card or draft record
- School I.D. with a photograph

Documentation that Establish Employment Eligibility

- U.S. Social Security Card issued by the Social Security Administration
- Abroad Certification of Birth issued by the Department of State
- Unexpired DHS Employment Authorization
- Original or certified copy of a Birth Certificate issued by a State, County, etc. bearing an official seal

I have read and understand the above.

Print Name

Signature

Date