



**Advocacy and Resource Center**  
 231 New York Road • Plattsburgh, New York 12903  
 (518) 563-0930

*Equal Opportunity / Affirmative Action Employer  
 females / minorities / disabled / veterans*

# EMPLOYMENT APPLICATION

**Name:** \_\_\_\_\_

**Street:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Other Name(s):** \_\_\_\_\_

*If hired, can you provide written evidence that you are authorized to work in the US?*  
 \_\_\_ Yes \_\_\_ No

*Are you 18 years of age or older?*  
 \_\_\_ Yes \_\_\_ No

<b>Have you <i>worked</i> for this Agency before?</b> ___ No ___ Yes If Yes, when? _____	<b>Have you <i>applied</i> to this Agency before?</b> ___ No ___ Yes If Yes, when? _____
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**How were you referred to us?**

\_\_\_ Newspaper Ad \_\_\_ One Work Source \_\_\_ College/University \_\_\_ NYS Job Central  
 \_\_\_ Current Employee \_\_\_ Indeed \_\_\_ Facebook \_\_\_ Instagram \_\_\_ 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)	HOURS AVAILABLE TO WORK		
___ Full Time      ___ Weekends	<b>MON.</b>	From:	To:
___ Part Time      ___ Overnights	<b>TUES.</b>	From:	To:
___ Relief / On-call      ___ Evenings	<b>WED.</b>	From:	To:
___ Other      ___ Days	<b>THUR.</b>	From:	To:
	<b>FRI.</b>	From:	To:
	<b>SAT.</b>	From:	To:
	<b>SUN.</b>	From:	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 driver's 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.

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3) Has your license ever been revoked or suspended?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.

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

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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.

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**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)

<b>Employer Name:</b>	<b>Date: From:</b> /       to       /
<b>Address:</b>	<b>Position Title:</b>
<b>Address 2:</b>	<b>Duties:</b>
<b>City/State/Zip:</b>	
<b>Phone:</b>	
<b>Supervisor:</b>	<b>Reason for Leaving:</b>
<b>Employer Name:</b>	<b>Date: From:</b> /       to       /
<b>Address:</b>	<b>Position Title:</b>
<b>Address 2:</b>	<b>Duties:</b>
<b>City/State/Zip:</b>	
<b>Phone:</b>	
<b>Supervisor:</b>	<b>Reason for Leaving:</b>
<b>Employer Name:</b>	<b>Date: From:</b> /       to       /
<b>Address:</b>	<b>Position Title:</b>
<b>Address 2:</b>	<b>Duties:</b>
<b>City/State/Zip:</b>	
<b>Phone:</b>	
<b>Supervisor:</b>	<b>Reason for Leaving:</b>
<b>Employer Name:</b>	<b>Date: From:</b> /       to       /
<b>Address:</b>	<b>Position Title:</b>
<b>Address 2:</b>	<b>Duties:</b>
<b>City/State/Zip:</b>	
<b>Phone:</b>	
<b>Supervisor:</b>	<b>Reason for Leaving:</b>

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

Name	Occupation	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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.

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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.

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**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.

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Are there any pending criminal charges, arrests or criminal accusations against you? \_\_\_ No \_\_\_ Yes.

If yes, please describe in detail below.

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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.

My signature below authorizes you to contact all my previous and current employer(s) and references. Initials: \_\_\_\_\_

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: \_\_\_\_\_