



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: _____

SS#: _____

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

Have you <i>worked</i> for this Agency before? ___ No ___ Yes If Yes, when? _____	Have you <i>applied</i> to this Agency before? ___ No ___ Yes If Yes, when? _____
---	---

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	MON.	From:	To:
___ Part Time ___ Overnights	TUES.	From:	To:
___ Relief / On-call ___ Evenings	WED.	From:	To:
___ Other ___ Days	THUR.	From:	To:
	FRI.	From:	To:
	SAT.	From:	To:
	SUN.	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.

3) Has your license ever been revoked or suspended?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 / or 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:
Address 2:	Duties:
City/State/Zip:	
Phone:	
Supervisor:	Reason for Leaving:
Employer Name:	Date: From: / to /
Address:	Position Title:
Address 2:	Duties:
City/State/Zip:	
Phone:	
Supervisor:	Reason for Leaving:
Employer Name:	Date: From: / to /
Address:	Position Title:
Address 2:	Duties:
City/State/Zip:	
Phone:	
Supervisor:	Reason for Leaving:
Employer Name:	Date: From: / to /
Address:	Position Title:
Address 2:	Duties:
City/State/Zip:	
Phone:	
Supervisor:	Reason for Leaving:

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.

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.

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: _____