



Advocacy and Services for People with Disabilities  
Oneida-Lewis Chapter NYSARC

Dear Applicant,

Thank you for your interest in our agency. The Arc, Oneida-Lewis Chapter, NYSARC requires its application packet to be completed in full. Please be sure you include all information requested, including complete addresses and telephone numbers of employment and personal reference listing, and educational institutions. Please be sure to complete and sign the following in order to be considered for employment:

- ◆ the top portion of the Confidential Employment Inquiry forms
- ◆ the Criminal History Background Check form
- ◆ the Applicant's Statement on the back of application

In the event you are interviewed and selected as a candidate for a position with The Arc, Oneida-Lewis Chapter, NYSARC, you will be required to complete the paperwork necessary to initiate an inquiry from the Statewide Central Register as to the existence of any reports of child abuse or maltreatment indicated, prior to employment.

In addition, you will be required to submit to a hair sampling drug test conducted by a qualified independent collection site. Any applicant with a confirmed positive test result will be denied employment.

Also, you will be required to submit to a two-step mantoux (TB) testing, provided by The Arc. If you have had this testing completed elsewhere within twelve months, we will need a copy and you may only need to submit to a single mantoux test.

The *Affirmative Action Voluntary Information* form is optional for completion, and is not part of the official application packet of The Arc. You are welcome to include documentation of your highest completed education with your packet, as this verification will be required should you be interviewed.

Please leave the completed application packet with the agency office you are visiting today, or forward the completed application packet to either of the following addresses:

The Arc,  
Oneida-Lewis Chapter, NYSARC  
245 Genesee Street  
Utica, NY 13501  
Attn: Human Resources

The Arc,  
Oneida-Lewis Chapter, NYSARC  
6138 W. Main Street  
P.O. Box 126  
Turin, NY 13473  
Attn: Human Resources

Sincerely,

The Human Resources Department

# The Arc, Oneida-Lewis Chapter, NYSARC

Administrative Office:

245 Genesee Street

Utica, NY 13501

(315)735-6477

6138 W. Main Street

PO Box 126

Turin, NY 13473

(315)348-8401



Advocacy and Services for People with Disabilities  
Oneida-Lewis Chapter NYSARC

## Application for Employment

PLEASE PRINT

Position(s) Applied for:		Date of Application	
Referral Source (Please indicate referral source)			
<input type="checkbox"/> Newspaper/Name _____		<input type="checkbox"/> Internet/Name _____	
<input type="checkbox"/> Employment Agency/Name _____		<input type="checkbox"/> Employee/Name _____	
<input type="checkbox"/> Radio		<input type="checkbox"/> Walk-in	
<input type="checkbox"/> Agency Web Site		<input type="checkbox"/> Television	
<input type="checkbox"/> Friend/Relative			
Last Name	First Name	Middle	Maiden Name
Address		City	State
			Zip Code
Telephone Number(s)		E-Mail Address	
Home (      )		Work (      )	

Are you at least 18 years of age?

Yes       No

Have you ever filed an application with us before?

Yes       No

If yes, give date(s) \_\_\_\_\_

Have you ever been an employee, intern or volunteer for The Arc?

Yes       No

If yes, give date(s) \_\_\_\_\_

Are you related to an Arc employee?

Yes       No

If yes, to whom \_\_\_\_\_

What is your relationship? \_\_\_\_\_

Are you currently employed?

Yes       No

May we contact your present employer?

Yes       No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes       No

(Proof of citizenship or immigration status will be required upon employment)

On what date would you be available to work? \_\_\_\_\_

Type of employment desired?

Full-Time       Part-Time       Relief/Per Diem       Temporary

Are you currently on "lay-off" status and subject to recall?

Yes       No

Have you ever been convicted of or entered a plea of no contest to a criminal offense, felony or misdemeanor?

Yes       No

(If yes, please explain)

Do you have any pending charges against you?

Yes       No

(If yes, please explain)

**"Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accomodation?"**

Yes       No

## EDUCATIONAL BACKGROUND

Must be accredited by the Department of Education in the state in which it was issued

School Name	Address	Years Completed	Degree/Diploma	GED	Did you Graduate?	Major/Minor
High School						
College/University						
Graduate/Professional						

## DRIVER'S LICENSE INFORMATION

Do you have a valid drivers license?  Yes  No State where issued \_\_\_\_\_ License # \_\_\_\_\_  
 License(type/class) \_\_\_\_\_ Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

## PERSONAL REFERENCES

List three school or personal references who are not related to you.

Name	Address	Telephone #	Years Known	Relationship

### List professional, trade, business, civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, ancestry, handicap or other protected status:

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### Skills and Qualifications -

Summarize any special training, skills, licenses, certificates, and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position for which you are applying.

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# EMPLOYMENT HISTORY

List your last four(4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

<b>Employer</b>	<b>Telephone</b> (      )	Dates Employed From	Summarize the nature of the work performed and job responsibilities
Address		To	
Job Title		Hourly Rate/Salary Start	
Immediate Supervisor/Title		Final	
Reason for Leaving			

<b>Employer</b>	<b>Telephone</b> (      )	Dates Employed From	Summarize the nature of the work performed and job responsibilities
Address		To	
Job Title		Hourly Rate/Salary Start	
Immediate Supervisor/Title		Final	
Reason for Leaving			

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Address		To	
Job Title		Hourly Rate/Salary Start	
Immediate Supervisor/Title		Final	
Reason for Leaving			

**Comments (including explanation of any gaps in employment)**

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## APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize and will cooperate with an investigation of all statements contained in my application for employment as may be deemed necessary by The Arc, Oneida-Lewis Chapter, NYSARC including: criminal background checks to include finger print review, exclusion checks, reference checks, and past employment history as well as all other matters which may be authorized and/or required by law.

This application for employment shall be considered active for a period of time not to exceed 2 years. Any applicant wishing to be considered for employment beyond this time should inquire whether or not applications are being accepted at that time.

I hereby acknowledge that any employment relationship with The Arc, Oneida-Lewis Chapter, NYSARC is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood this "at will" employment relationship may not be changed by conduct or any written document unless such document is in writing and authorized by the Executive Director of The Arc, Oneida-Lewis Chapter, NYSARC.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all the rules and regulations of the Employer.

All offers of employment will be made subject to the results of a highly sensitive hair sampling drug test that detects drug use over a period of approximately 90 days. A federally certified drug-testing laboratory will provide drug-testing services. The process will ensure individual privacy during the collection process and the confidentiality of test results. Any applicant with a confirmed positive test result will be denied employment. The Arc will not discriminate against applicants for employment because of past drug use prior to 90 days.

Print Name: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

## CONFIDENTIAL EMPLOYMENT INQUIRY

**To be completed by Applicant:**

NAME: \_\_\_\_\_  
(PLEASE PRINT)

I hereby authorize release of information to The Arc, Oneida-Lewis Chapter, NYSARC.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**To be completed by Agency personnel only**

FORMER EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

DATES OF EMPLOYMENT: \_\_\_\_\_

ELIGIBLE FOR REHIRE:  YES  NO

REASON FOR LEAVING: \_\_\_\_\_

**WORK PERFORMANCE**

	Superior	Satisfactory	Unsatisfactory
Work Performance			
Attitude			
Reliability			
Attendance			
Interpersonal Skills			

FORMER EMPLOYER	PERSON COMPLETING THE FORM
_____ (NAME)	_____ (NAME)
_____ (TITLE)	_____ (TITLE)
_____ (DATE)	_____ (DATE)

## CONFIDENTIAL EMPLOYMENT INQUIRY

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NAME: \_\_\_\_\_  
(PLEASE PRINT)

I hereby authorize release of information to The Arc, Oneida-Lewis Chapter, NYSARC.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**To be completed by Agency personnel only**

FORMER EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

DATES OF EMPLOYMENT: \_\_\_\_\_

ELIGIBLE FOR REHIRE:  YES  NO

REASON FOR LEAVING: \_\_\_\_\_

**WORK PERFORMANCE**

	Superior	Satisfactory	Unsatisfactory
Work Performance			
Attitude			
Reliability			
Attendance			
Interpersonal Skills			

FORMER EMPLOYER	PERSON COMPLETING THE FORM
_____ (NAME)	_____ (NAME)
_____ (TITLE)	_____ (TITLE)
_____ (DATE)	_____ (DATE)

## CONFIDENTIAL EMPLOYMENT INQUIRY

**To be completed by Applicant:**

NAME: \_\_\_\_\_  
(PLEASE PRINT)

I hereby authorize release of information to The Arc, Oneida-Lewis Chapter, NYSARC.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**To be completed by Agency personnel only**

FORMER EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

DATES OF EMPLOYMENT: \_\_\_\_\_

ELIGIBLE FOR REHIRE:  YES  NO

REASON FOR LEAVING: \_\_\_\_\_

**WORK PERFORMANCE**

	Superior	Satisfactory	Unsatisfactory
Work Performance			
Attitude			
Reliability			
Attendance			
Interpersonal Skills			

FORMER EMPLOYER	PERSON COMPLETING THE FORM
_____ (NAME)	_____ (NAME)
_____ (TITLE)	_____ (TITLE)
_____ (DATE)	_____ (DATE)

## CRIMINAL HISTORY BACKGROUND CHECK FORM

The Arc, Oneida-Lewis Chapter, NYSARC is required by Chapter 575 of the Laws of 2004, New York State Office For People With Developmental Disabilities (OPWDD) and Office of Mental Health (OMH) to obtain Criminal History Background Checks.

Prospective employees, operators and volunteers will be fingerprinted and criminal history checks will be obtained from the New York State Division of Criminal Justice Services (DCJS) before assuming duty involving regular and substantial unsupervised or unrestricted physical contact with person's receiving services.

I further understand that if the position I am applying for allows me regular and substantial unsupervised or unrestricted physical contact with people receiving services, I will need to provide information statements and fingerprints according to the requirements of the Office of Mental Health and/or the Office of Mental Retardation and Developmental Disabilities regulations in order for a criminal background check to be conducted. I understand that any false answers to any question in the application process will be grounds for immediate dismissal.

The Arc, Oneida-Lewis Chapter, NYSARC is required by The Office of the Inspector General (OIG) to screen prospective employees and check the information against the List of Excluded Individuals (LEIE) to ensure that none are under exclusion by the federal government.

In order to be considered for employment you must answer the following questions:

Have you ever been convicted of a misdemeanor or a felony in any jurisdiction?

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Are you now under pending investigation or have any pending charges of violation of criminal law, to include misdemeanors or felonies?

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If **yes**, describe all convictions and pending charges.

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Have you been the subject of any adverse action(s) by any duly authorized sanctioning or disciplinary agency for either conduct based or performance based actions?

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If **yes**, explain.

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PRINT NAME

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SIGNATURE

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DATE



Advocacy and Services for People with Disabilities  
Oneida-Lewis Chapter NYSARC

### Affirmative Action Voluntary Information

(Completion of information below is voluntary)

We Consider applicants for all positions without regard to race, color, religion, sex ,national origin, age, disability, veteran status or any other legal protected status.

To be completed by applicant. Not for interview purposes to be filed separately from application. This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or necessitated by another federal law or regulation. As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that this survey is NOT a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

#### Applicant Information

Name: \_\_\_\_\_ Telephone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex:  Male  Female Email Address: \_\_\_\_\_

#### Please check one of the following Equal Opportunity Identification Groups;

- American Indian/Alaskan Native
- Black or African American
- Hispanic or Latino
- Two or more races
- Asian not Hispanic or Latino
- Native Hawaiian/Pacific Islander
- White not Hispanic or Latino

Position(s) applied for: \_\_\_\_\_ Date: \_\_\_\_\_

#### Referral Source (How did you hear about position?)

- Newspaper/Name \_\_\_\_\_
- Internet/Name \_\_\_\_\_
- Employment Agency/Name \_\_\_\_\_
- Employee/Name \_\_\_\_\_
- School/Name \_\_\_\_\_
- Television
- Agency Website
- Friend/Relative
- Radio
- Walk-In

#### Please check the appropriate answer below.

Are you a Veteran?  Yes  No

For HR Use Only:  
Entered: \_\_\_\_\_  
By: \_\_\_\_\_