



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 *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
245 Genesee Street
Utica, NY 13501
Attn: Human Resources

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

Sincerely,

The Human Resources Department



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

The Arc
Oneida-Lewis Chapter NYSARC
245 Genesee Street
Utica, NY 13501

The Arc
Oneida-Lewis Chapter NYSARC
6138 W. Main Street
PO Box 126
Turin, NY 13473

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"/> Walk-in	<input type="checkbox"/> Web Site	<input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency/Name _____	<input type="checkbox"/> Relative	<input type="checkbox"/> Employee/Name _____	
Last Name	First Name	Middle	Maiden Name
Address	Street Number	City	State Zip Code
Telephone Number(s)		Social Security Number	
Home ()	Work ()		

Are you at least 18 years of age? Yes No

Have you ever filed an application with us before?
If yes, give date _____ Yes No

Are you related to an Arc employee?
If yes, to whom _____ Yes No
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?
(Proof of citizenship or immigration status will be required
upon employment) Yes No

On what date would you be available to work?

Type of employment desired?
 Full Time Part Time Relief 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?
(If yes, please explain) Yes No

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

DRIVERS LICENSE INFORMATION

Do you have a valid drivers license? _____ License(type/class) _____ License I.D.# _____

Date Issued _____ Expiration Date _____ State where issued _____

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:

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.

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.

Employer	Telephone	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			

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

Comments (including explanation of any gaps in employment)

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 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 6 months. 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)

SOCIAL SECURITY #: ***-**-_____ *(last 4 digits only)*

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)

SOCIAL SECURITY #: ***-**-_____ (last 4 digits only)

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

CONFIDENTIAL EMPLOYMENT INQUIRY

To be completed by Applicant:

NAME: _____
(PLEASE PRINT)

SOCIAL SECURITY #: ***-**-_____ (last 4 digits only)

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



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

The Arc, Oneida-Lewis Chapter, NYSARC is required by Chapter 575 of the Laws of 2004, State of New York, Office of Mental Retardation and Developmental Disabilities and Office of Mental Health 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?

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

If yes, describe all convictions and pending charges.

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?

If yes, explain.

Print Name _____

SIGNATURE

DATE