

REFERENCE	LIST THREE PERSONAL REFERENCES WHO ARE NOT RELATIVES			
	Name	Address (Street, City, State, And Zip Code)	Phone Number	Occupation

EXPERIENCE	List employment in order from last to first. All sections must be completed even if resume is submitted.				
	May we contact your present employer? <input type="checkbox"/> No <input type="checkbox"/> Yes				
	Employer		Address		
	Phone Number	Date Started	Date Ended	Salary	Title
	Supervisor		Reason for Leaving		
	Duties Performed				
	Employer		Address		
	Phone Number	Date Started	Date Ended	Salary	Title
	Supervisor		Reason for leaving		
	Duties Performed				
	Employer		Address		
	Phone Number	Date Started	Date Ended	Salary	Title
	Supervisor		Reason for leaving		
Duties Performed					

ALL QUALIFIED APPLICANTS ARE CONSIDERED FOR POSITIONS WITHOUT REGARD TO AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEXUAL ORIENTATION, GENDER IDENTIFICATION AND EXPRESSION, MILITARY STATUS, SEX (EXCEPT WHERE A BONA-FIDE OCCUPATIONAL QUALIFICATION EXISTS), DISABILITY, PREDISPOSING GENETIC CHARACTERISTICS, MARITAL STATUS, OR DOMESTIC VIOLENCE VICTIM STATUS.

AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision,

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 rules and regulations of the association. In signing this form, I certify that I understand all of the questions and statements in this application.

SIGNATURE OF APPLICANT

DATE

The Arc of Dutchess
84 Patrick Lane, Suite 130
Poughkeepsie, NY 12603

Application Reference Authorization

I hereby authorize The Arc of Dutchess to receive information about my employment record, work performance, abilities, character, and other qualities related to my qualifications for employment from former employees, individuals, and organizations which I have included on my employment application/resume.

I further release The Arc of Dutchess and its employees from any and all claims that I have or may have arising from the release of such information.

I have read and clearly understand the above statement.

Signature _____ Date _____

Print Name _____

Though it is not a requirement, The Arc of Dutchess would appreciate the inclusion of your Social Security number on this application, as it is sometimes needed when checking references.

****Optional****

SS#: _____ - _____ - _____

In Case of Emergency, Notify

Name _____ Relationship _____

Address _____

_____ Phone _____

Name _____ Relationship _____

Address _____

_____ Phone _____

CRIMINAL BACKGROUND CHECKS

All employees, volunteers, interns, consultants and contract individuals having, or with the potential to have, unsupervised or unrestricted physical contact with people receiving services under OPWDD and/or OMH must have an acceptable criminal background check completed on them prior to them beginning unsupervised work.

Criminal background checks will be completed through the Division of Criminal Justice Services in New York State and the FBI. OPWDD and OMH will deny applications automatically, for:

1. Felony conviction of a sex offense;
2. Felony conviction within the last ten years involving violence;
3. A conviction for endangering the welfare of an incompetent or physically disabled person pursuant to Section 260.25 of the penal law.

All other convictions will be reviewed on a case-by-case basis.

As an applicant at The Arc of Dutchess it is a requirement, as per OPWDD and OMH Regulation for you to disclose all convictions of misdemeanors or felonies in any jurisdiction and any pending criminal charges against you. Withholding or falsifying information will result in automatic dismissal.

If you are applying for a position in our human resources or finance office you do not have to complete the following. All other applicants must complete the following.

I certify that I have never been convicted of a misdemeanor or felony and that I have no criminal charges pending against me.

Print Name	Signature	Date
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[OR]

I certify that I have had the following conviction(s) and/or have the following criminal charges pending against me. Please list with complete description and date of conviction.

Misdemeanor _____

Felony _____

Pending Charges _____

Print Name	Signature	Date
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DRIVING RECORD INFORMATION

PRINT NAME _____

MOTORIST LICENSE # _____ STATE _____

Please complete either A or B below and sign at the bottom of the page.

A. I certify that I have a valid driver's license and that in the past **10 years** I have **not** had my license suspended or revoked. I further certify that in the past **10 years** I have **not** had any driving convictions. Examples of convictions include, but are not limited to:

- Speeding
- Failure to yield
- Improper lane change
- Illegal passing of a school bus
- Running a stop sign or red light
- Uninspected vehicle
- Driving without a seat belt
- Drunk driving (DUI or DWI)

SIGNATURE

DATE

OR

B. I certify that I now have a valid driver's license but that my license has been revoked, suspended or has had the following convictions in the past **10 years**:

Description	Date of Occurrence

SIGNATURE

DATE

If I were to become an employee of The Arc of Dutchess, I understand that part of my job responsibilities may be to operate agency vehicles. I understand that operating agency vehicles will be for agency business only and for transporting individuals only. I understand that it is against Agency policy to use Agency vehicles for personal use and for transporting anybody other than individuals supported by The Arc of Dutchess.

I authorize The Arc of Dutchess to verify the information given above with the NYS Department of Motor Vehicles. Further, I understand that any false statements I make regarding my driving record will result in disciplinary action, up to and including termination.

SIGNATURE

DATE

ADDITIONAL REQUIREMENTS/EXPECTATIONS

VERIFICATION OF ACADEMIC CREDENTIALS

Once hired, all employees (including consultants) will be required to present their original HS Diploma/GED, college degree, professional license or official transcript. All diplomas, degrees and licenses must be the original as photocopies can not be accepted. All transcripts must be official since unofficial transcripts can not be accepted. All diplomas, degrees, professional licenses and transcripts must be presented no later than new hire paperwork or any offer of employment will be rescinded.

NYS OFFICE OF CHILDREN AND FAMILY SERVICES STATEWIDE CENTRAL REGISTRY DATABASE CHECK

All employees (including volunteers, interns, independent contractors and consultants) who apply for employment or seek to transfer into a position that involves regular contact with children receiving services from the Agency, will be required to submit to a mandatory NYS Central Register Database check prior to the commencement of contact with children receiving services. Unacceptable results from this background check will result in action which may include withdrawal of the job offer or transfer and termination of employment.

EXCLUSION CHECK

All employees (including volunteers, interns, independent contractors and consultants) prior to being offered a position will be subject to an exclusion check. This check will be conducted through the (1) U.S. Department of Health and Human Services, Office of Inspector General, (2) the NYS Office of the Medicaid Inspector General and (3) the General Services Administration Excluded Parties List System. An exclusion check will identify individuals and entities currently excluded from participation in Medicare, Medicaid and all other Federal health care programs.

TB SCREENING

Once hired, all employees (including volunteers, interns, independent contractors and consultants) will be required to have an initial TB testing completed prior to their first day or orientation. If you have had this testing done within the past 12 months, please provide us with written results once an offer of employment has been made. Please note that a second testing may still be needed.

PHYSICAL REQUIREMENTS

All employees providing direct care will be expected to perform tasks that will require bending and lifting. The frequency and amount required to lift would vary depending on the needs of the program.

MANDATION

From time to time direct care staff may be required to work extra hours or at different locations to ensure adequate coverage.

NEW HIRE ORIENTATION

Once hired, all employees as well as interns and volunteers will be required to attend new hire orientation. This training is held weekdays during the hours of 9am - 4pm and lasts approximately one week.

By signing below you are acknowledge that you are aware of these requirements and expectations and that you are able to meet the above requirements and expectations.

Name: _____

Date: _____

Signature: _____

EEO ADDENDUM

Dear Applicant:

Please provide us with the following information for our application records that we are legally required to obtain. The information is voluntary and not used for hiring decisions. This form is filed separately from employment applications.

We consider applications for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition, handicap or any other legally protected status.

In effort to comply with requirements regarding government record keeping, reporting and other legal requirements, we ask that you complete this application data. Your cooperation is appreciated.

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

Check one: Female Male

Check one of the following race/ethnic groups:

- | | |
|--|--|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> American Indian/ Alaskan Native |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> White | <input type="checkbox"/> Two or more races |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other |

Check if any of the following are applicable:

- | | |
|---|---|
| <input type="checkbox"/> Vietnam Era Veteran | <input type="checkbox"/> Disabled Veteran |
| <input type="checkbox"/> Handicapped Individual | |

The Arc of Dutchess is an Equal Opportunity Employer

Memo To: All Applicants

From: The Human Resource Department

Re: Notification Letters

This memo is to inform you that only the applicants that participate in an interview will be informed if they are not offered a position at The Arc of Dutchess.

All applications received will be kept in our files for six months.

Revised 12/15