

St. Lawrence NYSARC
6 Commerce Lane, Canton, New York 13617
Please submit your application to jwentzel@slnysarc.org

EMPLOYMENT APPLICATION

(Please Print or Type)

Position Applied For: _____	Date of Application: ____/____/____	Availability: Full time: <input type="checkbox"/> Yes <input type="checkbox"/> No Part Time: <input type="checkbox"/> Yes <input type="checkbox"/> No Relief: <input type="checkbox"/> Yes <input type="checkbox"/> No Hours you can work: _____
Date to Start: _____	Shift Work: <input type="checkbox"/> Yes <input type="checkbox"/> No	

P _____
E **Last Name:** _____ **First:** _____ **Middle I:** _____
R _____
S _____
O **Street Address:** _____ **City:** _____ **State & Zip:** _____
N _____
A _____
L **Last Four Digits S.S. No.** _____ **Home Telephone:** _____ **Work Telephone:** _____

May we contact you at work? Yes No Time: _____:_____

Have you ever applied for employment with us? Yes No If yes, month and year: _____/_____

Have you ever been employed by us before? Yes No If yes, give date: _____/_____/_____ - _____/_____/_____

Are you legally eligible for employment in the United States? Yes No **Proof of US citizenship or immigration status will be required upon employment.**

Do you have a valid drivers license to operate a motor vehicle in NYS? <input type="checkbox"/> Yes <input type="checkbox"/> No State: _____ Class: _____ Restrictions: _____ License #: _____
Have you ever had a drug or alcohol related conviction, including DWI? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach explanation.
In the past three (3) years, have you been convicted of a moving violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach explanation.
Have you ever had any suspension, revocation, DWI, convictions or any occurrence involving harm to persons or property while driving? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach explanation.
Are there any arrests or criminal accusations pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain.
Have you ever been convicted of or pled guilty to a felony, misdemeanor, violation or other crime (other than a traffic violation)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain.
A conviction is not an automatic bar from employment. Each case is considered and evaluated on its individual merits in relation to the duties and responsibilities of the position.

Military-- Did you serve in the US Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what branch? _____
Dates of service. _____/_____/_____ - _____/_____/_____
Describe any military training received relevant to the position for which you are applying. _____ _____

As an Equal Opportunity/Affirmative Action Employer, St. Lawrence NYSARC will not discriminate in its employment practices due to an applicant's race, color, religion, sex, national origin, veteran or disability status or any other characteristics protected under applicable law.

Education

If hired for a position requiring a degree, you will be required to provide verification.

Name of school/Address	Course of Study	Did you graduate? Degree/Diploma
High School:		
Business/Trade:		
College 1:		
College 2:		

Employment

Start with your present or most recent employer.
Please give accurate and complete full-time and part-time employment record.

Company Name:	Telephone #: () -
<hr/>	
Address:	Employment dates:
	From: / To: /
<hr/>	
Name and Title of Supervisor:	Hourly rate/Salary:
<hr/>	
Your Job Description and Title:	Reason for leaving:
<hr/>	

Number Two

Company Name:	Telephone #: () -
<hr/>	
Address:	Employment dates:
	From: / To: /
<hr/>	
Name and Title of Supervisor:	Hourly rate/Salary:
<hr/>	
Your Job Description and Title:	Reason for leaving:
<hr/>	

Number Three

Company Name:

Telephone #: () -

Address:

Employment dates:

From: / To: /

Name and Title of Supervisor:

Hourly rate/Salary:

Your Job Description and Title:

Reason for leaving:

Professional Licenses/Certification
That may Enhance your Candidacy.

Type	State	License Number	Licensing Board
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Have you ever been investigated by, or subject to a disciplinary proceeding by a professional licensure or disciplinary agency (such as the Office of Professional Discipline, the Office of Professional Misconduct, or the Department of Health), in New York or in any other state? ___ Yes ___ No
If you answered "yes", please give explanation and attach to this application.

Have you ever been sanctioned or otherwise disciplined by, or excluded from, the New York Medicaid Program, Medicare or any other state or federal government funded program? ___ Yes ___ No
If you answered "yes", please give an explanation attached to this application.

Membership in Professional or Civic Organizations
That may Enhance your Candidacy.

Specialized Training, Apprenticeships, Skills and Extra Curricular Activities

How did you learn about us? ___ Friend ___ Relative Other Source _____

___ Advertisement Which Newspaper? _____ ___ Job Service ___ Walk in ___ Employee

Why do you apply for St. Lawrence NYSARC? _____

References

List Three references that are not relatives. At least two must be professional references.
You must also have your references fill out and send Applicant Reference Form to us.

Name	Street, City, State, Zip	Relationship	Telephone
			() -
			() -
			() -

Do you currently have friends or relatives employed with St. Lawrence NYSARC?

Yes No If yes, please specify. _____

S It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for
I cancellation of this application and/or separation from the employer's service if I am employed. Furthermore, I
G understand that just as I am free to resign at any time, the employer reserves the right to terminate my
N employment at any time, with or without cause and without prior notice. I understand that no representative of
A the employer has the authority to make any assurance to the contrary. I understand that acceptance of an offer
T of employment does not create a contractual obligation upon the employer to continue to employ me in the future.
U I understand that employment in this Agency necessarily means accepting and abiding by all its policies and
R procedures and that I will be required to provide proof of citizenship or work permit, educational diplomas and
E professional licensure. I also understand that a background check for criminal history will be conducted for
convictions and pending criminal charges.

I authorize investigation of all statements and references and to secure additional information about me, if job related. I hereby release, from liability, the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

This form contains private information, including part of Social Security numbers. If the applicant chooses to email this form, the applicant bears all responsibility and liability for its transmission.

Signature of Applicant _____ Date ____/____/____

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www.slnysarc.org

For Agency Use.

Job Code _____

Department Code _____

Date ____1____1____