

EMPLOYMENT APPLICATION

SENECA CAYUGA ARC

1521 Clark Street Road Auburn, New York 13021 315 612-0102
1083 Waterloo-Geneva Road Waterloo, New York 13165 315-539-5067
www.sencayarc.org

PROSPECTIVE EMPLOYEES WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, CREED, GENDER, AGE, NATIONAL ORIGIN, DISABILITY, MARITAL OR VETERAN STATUS OR ANY OTHER LEGALLY PROTECTED STATUS. SENECA CAYUGA ARC IS AN EQUAL OPPORTUNITY EMPLOYER

DATE _____

GENERAL

LAST NAME FIRST NAME MIDDLE INITIAL SOCIAL SECURITY NUMBER

PRESENT ADDRESS (STREET, CITY, STATE, ZIP CODE)

HOME TELEPHONE NUMBER ALTERNATE PHONE NUMBER

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES ? (PROOF WILL BE REQUIRED UPON EMPLOYMENT). YES _____ NO _____

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR A FELONY IN ANY JURISDICTION WHICH HAS NOT BEEN ANNULLED, EXPUNGED, OR SEALED BY A COURT, OR HAVE CRIMINAL CHARGES PENDING? YES _____ NO _____
If, YES, GIVE DATE, JURISDICTION, CHARGE, AND DISPOSITION.
HAVE YOU EVER BEEN DISBARRED, EXCLUDED, OR OTHERWISE INELIGIBLE FROM PARTICIPATION IN GOVERNMENT HEALTHCARE PROGRAMS? YES _____ NO _____

HAVE YOU EVER WORKED FOR CAYUGA ARC, CTC, SENECA ARC or any other NYSARC Chapter? YES _____ NO _____
IF YES, GIVE AGENCY, DATES, POSITION and REASON FOR LEAVING:

ARE YOU CURRENTLY EMPLOYED? YES _____ NO _____

POSITION

POSITION APPLYING FOR:
WERE YOU REFERRED TO THIS AGENCY BY A CURRENT EMPLOYEE? _____ IF SO, WHO? _____
SALARY REQUIREMENTS:

AVAILABILITY

Please indicate work locations that are acceptable: _____ CAYUGA COUNTY PROGRAMS _____ SENECA COUNTY PROGRAMS
Please indicate shifts/schedules that are acceptable: _____ DAYS _____ EVENINGS _____ NIGHTS _____ ROTATING _____ SPLIT
_____ FULL TIME _____ PART TIME _____ RELIEF/SUB _____ TEMPORARY

MOTOR VEHICLE OPERATOR INFORMATION

DO YOU HAVE A VALID DRIVERS LICENSE? YES _____ NO _____
IF YES, ISSUED BY WHAT STATE? _____
HAVE YOU EVER HAD YOUR LICENSE SUSPENDED OR REVOKED? YES _____ NO _____
HAVE YOU BEEN CONVICTED OF A MOVING VIOLATION WITHIN THE PAST EIGHT YEARS? _____
IF YES, PLEASE EXPLAIN

EMPLOYMENT HISTORY: Beginning with the most recent, list your last three (3) employers (including military or volunteer experience). Resumes may not be used as a substitute for completing this section, EMPLOYER

Street Address:

City/State/Zip:

Telephone:

Start Date:

End Date:

Salary:

Title:

Supervisor's Name:

Supervisor's Title:

Reason for leaving:

May we contact for reference? YES NO

EMPLOYER:

Street Address:

City/State/Zip:

Telephone:

Start Date:

End Date:

Salary:

Title:

Supervisor's Name:

Supervisor's Title:

Reason for leaving:

May we contact for reference? YES NO

EMPLOYER:

Street Address:

City/State/Zip:

Telephone:

Start Date:

End Date:

Salary:

Title:

Supervisor's Name:

Supervisor's Title:

Reason for leaving:

May we contact for reference? YES NO

PLEASE EXPLAIN ALL GAPS IN EMPLOYMENT:

HAVE YOU EVER BEEN:

Placed on probation or terminated for absenteeism or unsatisfactory attendance? YES NO

Disciplined or terminated for unsatisfactory work performance? YES NO

Disciplined or terminated for client abuse, insubordination, or violating work rules? YES NO

Disciplined or terminated for drug or alcohol related activity in the workplace? YES NO

Please explain all answers

EDUCATION and TRAINING

SCHOOL	NAME & ADDRESS	Highest Grade Completed	Did You Graduate?	Degree/Diploma & Major
High School			Y N	
GED				
College or Technical School			Y N	
College or Technical School			Y N	
Graduate School			Y N	
Other (please specify)			Y N	

Please use this space to note any licenses, certifications, special training, skills, achievements or experiences, not covered elsewhere in this application, that you feel are relevant to the position you have applied for.

REFERENCES: List three individuals, who are not relatives, who have knowledge of your work experience, work performance, education and training, or qualification for employment with Seneca Cayuga ARC.

NAME:	Occupation:
Address:	Relationship:
Phone:	Years Known:
NAME:	Occupation:
Address:	Relationship:
Phone:	Years Known:
NAME:	Occupation:
Address:	Relationship:
Phone:	Years Known:

APPLICANT'S AGREEMENT

I HEREBY AFFIRM THAT THE INFORMATION PROVIDED ON THIS APPLICATION (and accompanying resume, if any) IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND AND AGREE THAT FALSIFIED INFORMATION OR SIGNIFICANT OMISSIONS MAY DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT AND MAY BE CONSIDERED JUSTIFICATION FOR DISMISSAL IF DISCOVERED AT A LATER DATE.

FURTHERMORE, I UNDERSTAND THAT JUST AS I AM FREE TO RESIGN AT ANY TIME, SENECA CAYUGA ARC RESERVES THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITHOUT PRIOR NOTICE. I UNDERSTAND THAT NO REPRESENTATIVE OF SENECA CAYUGA ARC HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY.

I GIVE THE EMPLOYER THE RIGHT TO INVESTIGATE ALL REFERENCES, AND TO SECURE ADDITIONAL INFORMATION ABOUT ME IF JOB RELATED. I UNDERSTAND THAT SENECA CAYUGA ARC IS REQUIRED/AUTHORIZED BY NYS LAW TO REQUEST A CHECK OF MY CRIMINAL HISTORY RECORD AND TO REVIEW THE RESULTS OF THE CHECK. 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. I FURTHER UNDERSTAND THAT, AS A CONDITION OF EMPLOYMENT, I WILL BE REQUIRED TO UNDERGO TESTING FOR COMMONLY-USED CONTROLLED SUBSTANCES AT THE COST OF THE EMPLOYER.

SENECA CAYUGA ARC IS COMMITTED TO PROVIDING A SAFE AND HEALTHY ENVIRONMENT FOR PERSONS SERVED, STAFF AND VISITORS. THEREFORE, TOBACCO USE WILL BE PROHIBITED WITHIN ALL AGENCY BUILDINGS, VEHICLES AND ON AGENCY PROPERTY INCLUDING PARKING LOTS. THIS POLICY APPLIES TO PERSONS SERVED, STAFF, CONTRACTORS AND ALL VISITORS.

SENECA CAYUGA ARC IS AN EQUAL OPPORTUNITY EMPLOYER. THE EMPLOYER DOES NOT DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCLUDING ANY APPLICANTS FROM CONSIDERATION FOR EMPLOYMENT ON ANY BASIS PROHIBITED BY LOCAL, STATE OR FEDERAL LAWS.

APPLICANT'S SIGNATURE

DATE

APPLICANT'S PRINTED NAME

SOCIAL SECURITY NUMBER

EPStaff check_____