



ARC of Oswego County

7 Morrill Place Fulton, New York 13089
(315) 598-3108 (315) 598-3111 (315) 598-3112

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS

Please complete all sections on this form.
Please print in ink.

Last Name		First Name		Middle	Social Security Number (Optional)							
Home Address			City	State	Zip							
Home Telephone ()		Business Telephone ()		May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Position Applying For: _____				Days and hours available.	Day	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Date Available: ___/___/___ Are you interested in (check all that apply):					From							
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer					To							

Applicant's Name _____
 Last _____ First _____ Middle _____
 Soc. Sec. No. _____
 Date Application Received _____

Education

	Name and Address of School	Course of Study/Major/Minor	No. of Years Completed	Diploma/Degree Received	Semester hours Credited
High School			1 2 3 4		
Undergraduate College			1 2 3 4		
Graduate Professional					
Other (Specify)					

Legal

Will you provide required verification of eligibility to work if you are under 18 years of age? Yes No

Have you ever been discharged from employment by any company/organization for which you have worked? Yes No

If yes, please explain _____

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

Have you ever been convicted of a crime? A conviction will not necessarily disqualify an applicant. Yes No

If yes, please explain _____

Are there any pending criminal charges against you at this time? (This does not include charges for which you have been cleared, acquitted or otherwise exonerated by a court.) Yes No

If yes, please explain _____

If the position for which you are applying requires driving, have you ever been convicted of a motor vehicle moving violation offense, including, but not limited to, convictions involving alcohol and/or drugs while driving? Yes No

If yes, please indicate any suspension, revocation, or occurrence involving harm to human beings or property while driving. _____

U.S. Military Service

Branch of Service	Technical Specialization	Rank Attained

For Office Use Only

Employment History

List employment starting with your most recent position. Account for any time during this period that you were unemployed by stating the nature of your activities. Add additional sheets, necessary.				
1	Employer	From: Dates Employed	Starting: Hourly Rate/Salary	Position(s) Held
			To: Final:	
Street Address				Telephone Number
City		State	Zip Code	Supervisor's Name
Reason(s) for Leaving				
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
2	Employer	From: Dates Employed	Starting: Hourly Rate/Salary	Position(s) Held
			To: Final:	
Street Address				Telephone Number
City		State	Zip Code	Supervisor's Name
Reason(s) for Leaving				
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
3	Employer	From: Dates Employed	Starting: Hourly Rate/Salary	Position(s) Held
			To: Final:	
Street Address				Telephone Number
City		State	Zip Code	Supervisor's Name
Reason(s) for Leaving				
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
4	Employer	From: Dates Employed	Starting: Hourly Rate/Salary	Position(s) Held
			To: Final:	
Street Address				Telephone Number
City		State	Zip Code	Supervisor's Name
Reason(s) for Leaving				
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Experience as a Provider of Services to People with Disabilities

List any prior or current experience as an employee, volunteer, or certified provider with Office of Mental Retardation and Developmental Disabilities (OMRDD), any other State agency or any other provider of human services; and any prior or current experience in direct care of people with disabilities. Add additional page .				
1	Employer/Agency	From: Dates Employed/Volunteered	Starting: Hourly Rate/Salary (if any)	Position(s) Held
			To: Final:	
Street Address				Telephone Number
City		State	Zip Code	Supervisor's Name
Reason(s) for Leaving				
May we contact this employer/agency? <input type="checkbox"/> Yes <input type="checkbox"/> No				
2	Employer /Agency	From: Dates Employed/Volunteered	Starting: Hourly Rate/Salary (if any)	Position(s) Held
			To: Final:	
Street Address				Telephone Number
City		State	Zip Code	Supervisor's Name
Reason(s) for Leaving				
May we contact this employer/agency? <input type="checkbox"/> Yes <input type="checkbox"/> No				
3	Employer /Agency	From: Dates Employed/Volunteered	Starting: Hourly Rate/Salary (if any)	Position(s) Held
			To: Final:	
Street Address				Telephone Number
City		State	Zip Code	Supervisor's Name
Reason(s) for Leaving				
May we contact this employer/agency? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Special Skills and Completed Training/Courses

Please list special skills or completed training/courses which might aid in the performance of duties of the position for which you are applying. Such information must include any relevant professional license(s) held by you.

Employment/Experience References

Please list references who can verify your history of employment or related experience, work record and/or qualifications.

Name	Address	Work Phone Number	Title	Years Known
		()		
		()		

Personal References

Personal references who can attest to your character, reputation and personal qualifications. (Do not list relatives.)

Name	Address	Work Phone Number	Title	Years Known
		()		
		()		

Please Read Carefully

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

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization 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 that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

APPLICANT'S SIGNATURE: _____ DATE SIGNED: _____