



Creating Opportunities for People with Developmental Disabilities

EMPLOYMENT APPLICATION

RETURN TO:
 Ontario ARC
 Human Resources
 3071 County Complex Drive
 Canandaigua, New York 14424

APPLICANT:

- Please complete application
- Type or print.
- If you need additional space, attach a supplemental sheet.

GENERAL

NAME	LAST	FIRST	MIDDLE	DATE OF APPLICATION
PRESENT ADDRESS		STREET, CITY, STATE, ZIP CODE		PHONE (DAY)
SECONDARY ADDRESS		IF DIFFERENT FROM ABOVE		BIRTHDATE If under age 18
<p>HAVE YOU WORKED FOR ONTARIO ARC BEFORE? IF YES, INDICATE DATES OF EMPLOYMENT, POSITION</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>				
<p>DO YOU HAVE AUTHORIZATION TO WORK IN THE UNITED STATES? IF NOT A NATURALIZED CITIZEN, PLEASE INDICATE TYPE OF AUTHORIZATION.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>				
<p>HAVE YOU EVER BEEN CONVICTED OF OR PLED GUILTY TO A FELONY, MISDEMEANOR, VIOLATION, OR OTHER CRIMINAL OFFENCE (OTHER THAN A TRAFFIC VIOLATION)?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN</p>				
<p>ARE THERE ANY ARRESTS OR CRIMINAL ACCUSATIONS PENDING AGAINST YOU?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN</p>				
<p>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?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN</p>				
<p>HAVE YOU EVER BEEN OR ARE YOU CURRENTLY THE SUBJECT OF AN INDICATED CHILD ABUSE OR MALTREATMENT REPORT ON FILE WITH THE NEW YORK STATEWIDE CENTRAL REGISTER OF CHILD ABUSE AND MALTREATMENT?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN</p>				

POSITION

TYPE OF POSITION DESIRED _____ SALARY EXPECTED \$ _____

DATE AVAILABLE _____ ARE YOU SEEKING: FULLTIME PERMANENT EMPLOYMENT OTHER

IF OTHER, SPECIFY ANTICIPATED PERIOD OF WORK, AND/OR NUMBER OF HOURS PER DAY

WILL YOU WORK IRREGULAR HOURS? YES NO

WILL YOU WORK WEEKENDS? YES NO

PREFERRED HOURS _____

SOURCE OF REFERRAL _____ (i.e. SELF, NEWSPAPER, SCHOOL, STATE EMPLOYMENT, OFFICE, COMMUNITY AGENCY, OTHER, EMPLOYEE REFERRAL – IF SO, WHO?)

EMPLOYMENT RECORD

 List most recent employment first. Include periods of unemployment.

EMPLOYER _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

INITIAL POSITION TITLE _____ START DATE _____ STARTING SALARY _____

FINAL POSITION TITLE _____ END DATE _____ FINAL SALARY _____

LAST SUPERVISOR'S NAME _____ PHONE _____

MAY WE CONTACT THIS EMPLOYER? YES NO

EMPLOYER _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

INITIAL POSITION TITLE _____ START DATE _____ STARTING SALARY _____

FINAL POSITION TITLE _____ END DATE _____ FINAL SALARY _____

LAST SUPERVISOR'S NAME _____ PHONE _____

MAY WE CONTACT THIS EMPLOYER? YES NO

EMPLOYER _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
INITIAL POSITION TITLE _____ START DATE _____ STARTING SALARY _____
FINAL POSITION TITLE _____ END DATE _____ FINAL SALARY _____
LAST SUPERVISOR'S NAME _____ PHONE _____
MAY WE CONTACT THIS EMPLOYER? YES NO

EMPLOYER _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
INITIAL POSITION TITLE _____ START DATE _____ STARTING SALARY _____
FINAL POSITION TITLE _____ END DATE _____ FINAL SALARY _____
LAST SUPERVISOR'S NAME _____ PHONE _____
MAY WE CONTACT THIS EMPLOYER? YES NO

EMPLOYER _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
INITIAL POSITION TITLE _____ START DATE _____ STARTING SALARY _____
FINAL POSITION TITLE _____ END DATE _____ FINAL SALARY _____
LAST SUPERVISOR'S NAME _____ PHONE _____
MAY WE CONTACT THIS EMPLOYER? YES NO

EMPLOYER _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
INITIAL POSITION TITLE _____ START DATE _____ STARTING SALARY _____
FINAL POSITION TITLE _____ END DATE _____ FINAL SALARY _____
LAST SUPERVISOR'S NAME _____ PHONE _____
MAY WE CONTACT THIS EMPLOYER? YES NO

EDUCATION AND TRAINING

HIGH SCHOOL _____ CITY, STATE _____ TYPE OF DEGREE OR DIPLOMA _____ MAJOR SUBJECT _____
TECHNICAL SCHOOL, COLLEGE OR UNIVERSITY _____ CITY, STATE _____ TYPE OF DEGREE OR DIPLOMA _____ MAJOR SUBJECT _____
TECHNICAL SCHOOL, COLLEGE OR UNIVERSITY _____ CITY, STATE _____ TYPE OF DEGREE OR DIPLOMA _____ MAJOR SUBJECT _____
LICENSED PROFESSIONALS: HAVE YOU EVER BEEN INVESTIGATED BY, OR SUBJECT TO, A DISCIPLINARY PROCEEDING BY A PROFESSIONAL LICENSURE OR DISCIPLINARY AGENCY IN NEW YORK OR ANY OTHER STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN
PROFESSIONAL ORGANIZATIONS, ASSOCIATIONS, HONORS, CERTIFICATION, PROFESSIONAL LICENSES AND PUBLICATIONS YOU CONSIDER SIGNIFICANT. PLEASE INDICATE THE LICENSE NUMBER AND STATE OF ISSUANCE:
IF APPLICABLE, COMPUTER BACKGROUND SYSTEMS USED _____ SOFTWARE KNOWLEDGE _____ KEYBOARD SPEED _____ OTHER SKILLS, TRAINING AND HOBBIES, OR VOLUNTEER EXPERIENCE THAT MIGHT BE RELEVANT TO EMPLOYMENT AT ONTARIO ARC:

REFERENCES: LIST THREE PERSONS (OTHER THAN RELATIVES OR PERSONAL FRIENDS) WHO HAVE KNOWLEDGE OF YOUR WORK EXPERIENCE AND/OR EDUCATION

NAME	MAILING ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

ONTARIO ARC DOES NOT DISCRIMINATE BECAUSE OF AGE, SEX, RACE, RELIGION, NATIONAL ORIGIN, OR DISABILITY. MEMBER OF NYARC INC.

I hereby authorize investigation of all statements, and understand that misrepresentation or omission of facts called for in this form is cause for termination of employment without notice. I also agree: (1) to PPD Tuberculosis testing, employment being contingent on a satisfactory reading, thereof; (2) to such examination by an ARC designated physician as may be required, employment being contingent on the satisfactory passing, thereof; (3) to Criminal Background Checks as required by ARC oversight agencies, employment being contingent on their approval; and (4) if employed, to abide by all regulations and policies of ARC.

Enter initials here to agree and affirm above statement. _____

By entering name in full here, you are affirming that all of the above is accurate and true, as of date indicated, and you give Ontario ARC authorization to verify your statements as necessary.

Date _____ Signature _____



IMPORTANT NOTICE TO ALL APPLICANTS

Any person hired into a position that has substantial unsupervised contact with the people we serve after April 1, 2005 will be required to undergo a Criminal History Record Check per Chapter 575 of the State of New York Codes, Rules and Regulations of 2004. Effective March 12, 2007, fingerprints will also be checked through the Federal Bureau of Investigation (FBI).

All persons being hired after April 1, 2011 (including current staff moving to a position that did not require finger prints to a position that does require finger prints) who will have substantial unsupervised contact with the people we serve will be required to have finger print clearance before establishing a starting date. Once a person has obtained clearance, a starting date will be established. If clearance is denied, the job offer is immediately revoked.

Candidates asked to interview will be required to disclose information related to pending criminal charges that would prohibit clearance through a background check.

Candidates for positions with substantial unsupervised contact with the people we serve who refuse to undergo a Criminal History Record Check or disclose pending criminal charges that would prohibit a background check clearance cannot be considered for hire.



IMPORTANT NOTICE TO ALL CANDIDATES

Ontario ARC is a smoke free/tobacco free work environment

This means that staff are prohibited from smoking or using tobacco products in agency facilities or in agency vehicles at any time. In addition, staff are prohibiting from openly smoking or using tobacco products on agency property, even if outside or in a personal vehicle parked on agency property.

Staff working with the people we serve in any capacity in community settings are prohibited from smoking or using tobacco products, even if such use is allowed at the community facility.

It is an expectation that all staff adhere to this policy.