



# The Arc of Schuyler

203 Twelfth Street  
Watkins Glen, NY 14891  
www.arcoschuyler.org

Phone: (607) 535-6934  
Fax: (607) 535-7794  
Email: hr@arcoschuyler.org

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or disability.

## PERSONAL DATA

NAME (LAST, FIRST, MIDDLE)	DATE
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ADDRESS	NUMBER	STREET
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CITY	STATE	ZIP
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HOME PHONE: (     )	CELL PHONE: (     )	SOCIAL SECURITY NUMBER
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WORK PHONE: (     )	
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Are you 18 years of age or older? <input type="checkbox"/> NO <input type="checkbox"/> YES	If you are under 18 years of age, can you provide a certification of your eligibility to work as provided for by law? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> N/A
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Are you legally permitted to work in the U.S?  
 NO  YES

Are you able to perform the essential functions of the position sought with or without reasonable accommodations?  
 NO  YES

Have you previously been employed by this agency?  
 NO  YES    When and where?

Have you ever worked for this agency under a different name?  
 NO  YES    If yes, please explain:

Is additional information relative to change of name or use of a different name, assumed name, or nickname necessary to enable a check on your work records?  
 NO  YES    If yes, please explain:

Have you previously submitted an employment application?  
 NO  YES    When?

## EMPLOYMENT DATA

Position(s) Applying For:	Wage or Salary Desired
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Available to work (check all that apply): <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Relief/Per Diem <input type="checkbox"/> Temporary <input type="checkbox"/> Summer	Willing to work (check all that apply): <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Overnights <input type="checkbox"/> Overtime
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Are you currently working? <input type="checkbox"/> NO <input type="checkbox"/> YES	As of what date would you be available to work?
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Are you currently on "Lay-Off" status and subject to recall? <input type="checkbox"/> NO <input type="checkbox"/> YES	Can you travel if job requires it? <input type="checkbox"/> NO <input type="checkbox"/> YES
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## WORK HISTORY

Start with your most recent position. Periods of unemployment should also be noted. Leave no gaps in time sequence. If additional space is required, please use a separate sheet. Include summer and cooperative education assignments.

Company Name

Company Address	From		To		Starting Base Salary Per Hour	Final Base Salary Per Hour	Is Base Salary for Full or Part-Time Work? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
	Mo.	Yr.	Mo.	Yr.			

Starting Position Title

Present/Last Position Title

Reason for Leaving

Describe Duties and Responsibilities or  see resume attached

May we contact this employer now?

NO  YES If no, when?

Name and Title of Immediate Supervisor

Company Phone Number:

(      )

Company Name

Company Address	From		To		Starting Base Salary Per Hour	Final Base Salary Per Hour	Is Base Salary for Full or Part-Time Work? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
	Mo.	Yr.	Mo.	Yr.			

Starting Position Title

Present/Last Position Title

Reason for Leaving

Describe Duties and Responsibilities or  see resume attached

May we contact this employer now?

NO  YES If no, when?

Name and Title of Immediate Supervisor

Company Phone Number:

(      )

Company Name

Company Address	From		To		Starting Base Salary Per Hour	Final Base Salary Per Hour	Is Base Salary for Full or Part-Time Work? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
	Mo.	Yr.	Mo.	Yr.			

Starting Position Title

Present/Last Position Title

Reason for Leaving

Describe Duties and Responsibilities or  see resume attached

May we contact this employer now?

NO  YES If no, when?

Name and Title of Immediate Supervisor

Company Phone Number:

(      )

**COMMENTS** (including explanation of any gaps in employment)


**EDUCATION AND TRAINING**

Type of School	Complete Name and Address of School	No. of Yrs. Completed	Credit Hrs. Completed	Major and Minor Fields of Study	Type of Diploma, Degree, or Certificate	Graduated?
High School						<input type="checkbox"/> NO
						<input type="checkbox"/> YES
Equivalency						<input type="checkbox"/> NO
						<input type="checkbox"/> YES
Colleges Or						<input type="checkbox"/> NO
						<input type="checkbox"/> YES
Universities						<input type="checkbox"/> NO
						<input type="checkbox"/> YES
Other Training (Including Military and Vocational)	Course	Source		Class Hours	Completed?	<input type="checkbox"/> NO <input type="checkbox"/> YES

**MILITARY SERVICE**

Branch	Rank	Present Status
Duties		Honorably Discharged? <input type="checkbox"/> NO <input type="checkbox"/> YES

**DRIVING INFORMATION**

If driving will be required in the position for which you are applying, you **MUST** indicate convictions related to moving violations within the past three (3) years and **ANY** suspension, revocation, DUI, DWI, or any occurrence involving harm to persons or property while driving. A license check will be done on all applicants who are applying for a job that requires the operation of an agency vehicle.

Driver's License #	State of Issue	Class	Expiration Date
Do you have violations to disclose? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, please specify:			

**CRIMINAL BACKGROUND CHECK INFORMATION**

*Conviction or pending charges will not necessarily disqualify an applicant from employment.*

Have you ever been convicted of a crime in New York State or other jurisdiction?

NO  YES If yes, please include a description of all convictions:

Are there any pending criminal charges against you in New York State or other jurisdiction?
<input type="checkbox"/> NO <input type="checkbox"/> YES If yes, please include a description of all pending criminal charges:

## PROFESSIONAL INFORMATION

Professional organization memberships (exclude those which indicate race, religion, color or national origin)

Professional Licenses

## SPECIAL SKILLS AND QUALIFICATIONS

## REFERENCES

Give name, address, and telephone number of three references who ***are not*** related to you and ***are not*** previous employers.

1.

2.

3.

## REFERRAL SOURCE

How did you learn about us? *Please check and specify name of referral source.*

<input type="checkbox"/> Internet:	<input type="checkbox"/> Relative:	<input type="checkbox"/> Walk In
<input type="checkbox"/> Newspaper:	<input type="checkbox"/> Friend:	<input type="checkbox"/> Workforce NY
<input type="checkbox"/> Employment Agency:	<input type="checkbox"/> Other:	

## APPLICANT STATEMENT

I certify that all the information which I have supplied on this form is a true and correct statement of the facts and answers required herein without omissions of any kind whatsoever. I understand that any omission, misrepresentation and/or falsification of information contained in this application may constitute grounds for my dismissal. I also understand that I am required to abide by all rules and regulations of the agency and that I will be required to provide proof of employment eligibility at the time of employment.

I further agree that The Arc of Schuyler may contact all and any previous employers, schools, and references for full information except as I have stated otherwise on this form. By this form, I hereby authorize and direct the employers, schools, or persons, as well as The Arc of Schuyler, from all liability for any damages whatsoever in providing this information to The Arc of Schuyler.

I understand that The Arc of Schuyler uses a pre-employment drug test as part of its hiring process and that any offer of employment will be contingent upon a negative drug screen. The pre-employment drug test will be given after an offer of employment is made but before the performance of any job duties. I understand that if I do not pass the screening process, the conditional offer of employment will be withdrawn and any employment relationship shall cease.

I understand that if I am hired by The Arc of Schuyler in a position in which I will have regular and substantial unsupervised or unrestricted physical contact with individuals receiving services, I will need to provide information, statements, and fingerprints according to the requirements of the Office of Mental Retardation and Developmental Disabilities regulations in order for a criminal background check to be conducted. I understand that, as an applicant for employment, I may withdraw my request without prejudice at any time before my application is accepted or declined, regardless of whether my criminal history record information has been reviewed. I understand that I have a right to obtain, review, and seek correction of my criminal history record information under regulations and procedures established by the New York State Division of Criminal Justice Services. I understand that, if I am hired, my employment will be provisional pending the results of a criminal background check, as required by law. I also confirm that if I have not truthfully and accurately listed all criminal convictions as requested on my application, that any offer of employment will be withdrawn, or, if I am hired before the discrepancy is discovered, that I will be subject to termination by the agency.

*This is not a contract of employment.* Any individual who is hired may voluntarily leave employment and/or may be terminated by the agency at any time for any reason not prohibited by law. Any oral or written statements or promises to the contrary are hereby expressly disavowed, and should not be relied upon by any prospective or existing employee. The disclosure of your social security number is voluntary. The social security number is used for recordkeeping. However, your social security number may be required for a pre-employment background check and will be required for payroll purposes if you are hired

**I HAVE CAREFULLY READ AND UNDERSTAND THE ABOVE STATEMENT.**

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_