

EMPLOYMENT HISTORY: (List below last three employers, starting with current or most recent employer; indicate dates of employment, job title, salary, description of work and reason for leaving.) If you need additional space, please continue on a separate sheet of paper.

Employer	Dates of Employment		Job Duties
	From	To	
Address	Last Salary		
	Hrly Rate	Hrs/Week	
City State Zip Code			
Telephone #	Supervisor's Name:		
Reason for Leaving			

Employer	Dates of Employment		Job Duties
	From	To	
Address	Last Salary		
	Hrly Rate	Hrs/Week	
City State Zip Code			
Telephone #	Supervisor's Name:		
Reason for Leaving			

Employer	Dates of Employment		Job Duties
	From	To	
Address	Last Salary		
	Hrly Rate	Hrs/Week	
City State Zip Code			
Telephone #	Supervisor's Name:		
Reason for Leaving			

Are you currently employed? Yes No

Supervisor's Name _____ Phone # _____

List any Special Study, Training or additional information related to services we provide:

PERSONAL REFERENCES – OTHER THAN FAMILY MEMBERS:

1.	_____ () _____
	(Name) (Phone #)

	(Address)
2.	_____ () _____
	(Name) (Phone #)

	(Address)
3.	_____ () _____
	(Name) (Phone #)

	(Address)

GENERAL:

1. Have you ever been convicted of a Felony or Misdemeanor in any jurisdiction? Yes No If yes, please explain:

Do you have any pending criminal charges in any jurisdiction? Yes No

(Conviction will not necessarily disqualify an applicant from employment)

2. Have you ever been reported or investigated for suspected child abuse or neglect? Yes No

3. Do you have a conviction of client or child abuse, neglect or mistreatment? Yes No

(References/Inquiries are made to the State Central Registry)

4. Have you ever worked for Schoharie County ARC? Yes No

If yes: Program _____ Supervisor _____
Job Title _____ Dates of Employment _____

Name at time of employment: _____ Reason for leaving: _____

Have you ever been employed, volunteered or were a certified provider with OPWDD any state agency or any other provider of human services? Yes No Please include addresses and phone numbers.

5. Also list other experiences you have had in direct care work.

6. Are you 18 years of age or older? Yes No If not, state your age _____ (Attach Work Permit if under 18 years of age.)

RELEASE OF INFORMATION:

Motor Vehicle Record

If your job description requires the use of agency vehicles or the transportation of individuals served, in agency or personal vehicles, a search will be made of an applicant's driving record prior to employment. (All individuals driving agency vehicles must meet requirements of the Department of Motor Vehicles and Agency Insurance Company)

Please indicate any convictions related to moving violations within the last three (3) years, **AND** any suspensions, or revocations or D.W.I. convictions, or any occurrences involving harm to persons or property while driving in any jurisdiction: (include dates)

I hereby authorize the agency to obtain a copy of my NYS Motor Vehicle Record (MVR). (NYS OPWDD Regulation Part 681)

MV License #

In consideration of my employment, I agree to conform to the rules and regulations of the Schoharie County ARC. My employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either the Agency or myself. I understand that an offer of employment is conditional pending a physical examination, criminal background check, reference checks and, for positions requiring a driver's license, a license check, all to the satisfaction of the Schoharie County ARC.

If accepted, for employment, I agree to submit myself for examination by a physician or physicians of the Agency's selection as requested.

I understand Schoharie County ARC is a drug free workplace and I agree to submit to analysis testing: pre-hire, reasonable suspicion and post-accident.

I agree that information may be requested from public and private sources which maintain records concerning my past activities relating to my driving record, credit history, criminal record or civil matters.

Please be advised that you will need to provide information, statements and fingerprints according to the requirements of the Agency and OMRDD in order for a background check to be conducted through the Division of Criminal Justice Services. Also you will have the right to obtain, review and seek correction of any information received in response to the criminal background check conducted by the Division of Criminal Justice Services.

I certify that the information contained in this application is true and complete and understand that falsification of this information is grounds for dismissal in accordance with Schoharie County ARC policy. **I authorize the employers, schools and references listed above to provide you with any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.**

I HAVE READ THE ABOVE STATEMENT:

Applicant's Signature

Date

03/01/17