



Center for
Disability Services

Where people get better at life

We are very excited that you have chosen to apply for employment with the Center for Disability Services. We are proud to be one of the top ten employers in the Capital District, offering career opportunities in many divisions.

Each division plays a unique and vital role in fulfilling the Center's mission "to enable and empower people, primarily those with disabilities, to lead healthy and enriched lives."

Please be sure to check over your application to verify all information is correct and nothing is missing. Make sure all phone numbers for previous employers are complete and accurate to your best knowledge. These factors will greatly aid in the speed of processing your application.

Thank you for your cooperation. We hope to see you again soon.



Center for Disability Services

Where people get better at life

APPLICATION FOR EMPLOYMENT

The Center for Disability Services is an Equal Employment Opportunity/Affirmative Action Employer. All prospective employees will receive consideration on the basis of qualifications and without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability, sexual orientation, or any other legally protected status, unless a bona fide occupational qualification exists.

ALL SECTIONS OF THIS APPLICATION MUST BE COMPLETED AND THIS APPLICATION MUST BE SIGNED. INCOMPLETE AND/OR UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED.

POSITION DESIRED _____
(One position per application)

Last Name	First Name	Middle Name	Date
Street Address			Home Phone: ()
City, State, Zip			Cell Phone: ()
Have you ever applied for employment with the Center for Disability Services <input type="checkbox"/> No <input type="checkbox"/> Yes If yes: Month and year _____ Location _____			E-Mail Address:
Have you ever been employed by Center for Disability Services, ROI or St. Margaret's? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, from _____ to _____ Position(s) held _____			Business Phone: ()
Availability: Check all that apply: <input type="checkbox"/> Full-time <input type="checkbox"/> Days <input type="checkbox"/> Weekends <input type="checkbox"/> Summers only <input type="checkbox"/> Part-time <input type="checkbox"/> Evenings <input type="checkbox"/> Overnights <input type="checkbox"/> Relief			May we call you at work? <input type="checkbox"/> Y <input type="checkbox"/> N
Not all of our work sites are on a bus line. Do you require / prefer a location on a bus line? <input type="checkbox"/> Yes <input type="checkbox"/> No			Social Security Number - -
Are you a veteran of the U.S. Military Service? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, which branch _____ Are you at least 18 years of age? <input type="checkbox"/> yes <input type="checkbox"/> no If you are under 18 years of age are you able to furnish a work permit? <input type="checkbox"/> yes <input type="checkbox"/> no Are you legally eligible to work in the USA? (Proof of eligibility will be required prior to beginning work.) <input type="checkbox"/> yes <input type="checkbox"/> no			Pay Desired
How did you learn of our organization?			
<input type="checkbox"/> Newspaper _____ <input type="checkbox"/> Capital Region Re-Employment Center <input type="checkbox"/> Department of Social Services <input type="checkbox"/> Job Fair _____ <input type="checkbox"/> NYS Department of Labor <input type="checkbox"/> Flyer <input type="checkbox"/> Walk-In <input type="checkbox"/> EMPLOYEE REFERRAL: _____ (Please list <i>one</i> name of current CFDS employee)			
Please state the names of relatives and friends already employed by the Center for Disability Services. _____ _____			

EMPLOYMENT HISTORY AND WORK EXPERIENCE

Please provide an accurate and complete listing of your full-time and part-time employment history. Start with your present or most recent employer. You may also include any job-related volunteer activities. CFDS requires all applicants complete this portion of the application. **A resume cannot substitute for this page.**

Dates From Month Day Year / / /	Company	Job Title	Salary
To Month Day Year / / /	Address	State	City Zip
Reason for leaving:	Supervisor's Name	Title	Phone
	Describe major duties and responsibilities:		
Are you eligible for re-hire? <input type="checkbox"/> yes <input type="checkbox"/> no	May we check a reference with this company and the supervisor listed above? <input type="checkbox"/> yes <input type="checkbox"/> no		If no, why not?

Dates From Month Day Year / / /	Company	Job Title	Salary
To Month Day Year / / /	Address	State	City Zip
Reason for leaving:	Supervisor's Name	Title	Phone
	Describe major duties and responsibilities:		
Are you eligible for re-hire? <input type="checkbox"/> yes <input type="checkbox"/> no	May we check a reference with this company and the supervisor listed above? <input type="checkbox"/> yes <input type="checkbox"/> no		If no, why not?

Dates From Month Day Year / / /	Company	Job Title	Salary
To Month Day Year / / /	Address	State	City Zip
Reason for leaving:	Supervisor's Name	Title	Phone
	Describe major duties and responsibilities:		
Are you eligible for re-hire? <input type="checkbox"/> yes <input type="checkbox"/> no	May we check a reference with this company and the supervisor listed above? <input type="checkbox"/> yes <input type="checkbox"/> no		If no, why not?

Dates From Month Day Year / / /	Company	Job Title	Salary
To Month Day Year / / /	Address	State	City Zip
Reason for leaving:	Supervisor's Name	Title	Phone
	Describe major duties and responsibilities:		
Are you eligible for re-hire? <input type="checkbox"/> yes <input type="checkbox"/> no	May we check a reference with this company and the supervisor listed above? <input type="checkbox"/> yes <input type="checkbox"/> no		If no, why not?

Is this your complete employment and work experience history? <input type="checkbox"/> yes <input type="checkbox"/> no
Are there any gaps in your employment history? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please explain _____ _____
Do you have any prior or current experience as an employee, volunteer, or certified provider with OMRDD; any other state agency; or any other provider of human services? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please explain _____ _____
Do you have any prior or current experience in direct care work relevant to the position for which you are applying? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please explain _____ _____

Center for Disability Services

Where people get better at life

Name of School	City/State	Graduated Yes/No	Circle last year completed	Major	Degree/Diploma
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4		<input type="checkbox"/> IEP <input type="checkbox"/> GED <input type="checkbox"/> High School Diploma
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4		
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4		

Please list any professional licenses, registrations, and/or certifications that you currently hold, or for which you are eligible:

Type _____ Expiration Date: _____ Number _____
 Type _____ Expiration Date: _____ Number _____

Are you certified in:
 Standard or Community First Aid/CPR Yes No Expiration date: _____
 Medication Administration Yes No Expiration date: _____
 SCIP-R Yes No Expiration date: _____

A copy of your diploma of the highest degree of education completed, registration, license or certification will be required upon hire.

Do you have any special skills or have you completed training / courses which might aid in the performance of duties of the position for which your application is being made? yes no If yes, please explain _____

Other Information (CFDS will comply with all government requirements regarding employment):

Have you ever been convicted of any crime in any jurisdiction (e.g., a felony, misdemeanor, or simple conviction) yes no
 If yes, give details: _____

A conviction(s) record is not an automatic bar from employment. Each case is evaluated in relation to the duties and responsibilities of the position for which you are applying.

Do you have any pending criminal charges in any jurisdiction? yes no
 If yes, give details: _____

Do you have any current restraining orders (order of protection) against you? yes no
 If yes, give details: _____

Have you ever been debarred, excluded or suspended from participation in, or otherwise sanctioned under the Medicaid, Medicare, or other federal, state or third party payment programs? yes no

Have you had a finding of patient or abuse of a resident in a nursing or long-term care facility? yes no

Have you had a professional license denied, suspended or revoked? yes no

Have your fingerprints been submitted to OMRDD, DOH or OMH in the past? yes no
 If yes, please indicate the name of the Agency and the date the fingerprints were submitted:

You must provide two additional **personal references** that are **not family members or previous employers**. (If you do not have 3 employment references you must provide alternative references. Some examples include: teachers, guidance counselor, coaches, or clergy members).

Name	Address	Phone Number
_____	_____	_____

Continue on next page → → → → → → → → → →

AGREEMENT OF CONFIDENTIALITY

I, the undersigned, understand that the information that is made available to me by the Center for Disability Services (CFDS), with regard to specific consumers and CFDS matters, is confidential information to be used for the sole purpose of aiding in the delivery of services to the consumers of CFDS. I further understand that misuse or abuse of this information, or any CFDS information, may result in termination and legal action against me by the CFDS.

CERTIFICATION, AUTHORIZATION, AND RELEASE OF INFORMATION

I certify that all information and responses I have provided in this application are true and complete to the best of my knowledge. I understand that a material omission or a false or misleading answer to any question in the application process is grounds for immediate dismissal.

I authorize the Center for Disability Services to investigate all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that my application for employment will not be processed unless I complete the attached [**Written Disclosure to Applicant and Consent to Request Consumer Report Information**] form. Further, I agree to release from liability such former employer(s) or other persons contacted by and providing information to CFDS.

I understand that CFDS may be required to request a check of my criminal history record information and review the results of such check. I further acknowledge that I may be required to provide information, statements, and fingerprints as may be necessary for a criminal history record check. Where applicable, I understand that I have the right to obtain, review, and seek correction of my criminal history record pursuant to regulations and procedures established by the Division of Criminal Justice Services.

I hereby authorize CFDS to submit a request to the Attorney General of the United States to conduct a search of the records of the Criminal Justice Information Services Division of the Federal Bureau of Investigation for any criminal history records corresponding to the fingerprints or other identification information submitted by me. I further authorize the exchange of such information between the Attorney General of the United States, the New York State Department of Health and CFDS. This information may be used only by CFDS, and only for the purpose of determining my suitability for employment in a position involved in direct patient care/supervision.

If I am applying for a position in which I will have the potential for regular and substantial contact with children, I understand that my name will be submitted to the New York State Central Register of Child Abuse and Maltreatment to determine if I am the subject of an indicated report of child abuse or maltreatment.

After a conditional offer of employment has been made, if requested, I agree to take a job-related medical examination/health assessment at no personal expense. I authorize the examining medical provider to disclose the findings of such exams to CFDS.

I understand that any offer of employment will be conditioned upon the satisfactory results of a criminal background check (including fingerprinting if required for the position), satisfactory completion (or results) of any applicable medical examination(s)/health assessment(s), receipt of satisfactory references, and other criteria as determined by the program into which I am being hired, (e.g.: current valid New York State driver's license, completion of successful road test, NYS nursing license, State Central Registry, etc.). In addition, when applicable, I understand that an annual health assessment maybe a condition of employment.

If employed by CFDS, I agree to follow all of CFDS's rules and regulations. I understand that CFDS may modify such rules and regulations from time to time at its sole discretion.

I understand that this application is not a contract of employment. I further acknowledge that, unless otherwise defined by applicable law, any potential employment relationship with CFDS is of an "at will" nature, which means that the Employee may resign at any time and CFDS may discharge the Employee at any time with or without cause.

A photocopy of this statement may be substituted for the original.

Applicant's Signature

Date

If you have not been contacted within a month of your application date, you should consider this application closed

Revised 01.01.06

CRIMINAL HISTORY RECORD CHECK CONSENT FORM

The Criminal History Record Check Consent Form is provided to the applicant as a means of verifying that the applicant has given consent for the criminal history record check. The form must be completed by the applicant before fingerprinting occurs.

The applicant reads the statements and acknowledges by signing the form, that he or she understands and consents to the process, and that he or she has provided the specified information by the Agency.

The applicant provides their name, date of birth, social security number, and current address.

The applicant signs the form.

The authorized party confirms the identity of the applicant. Acceptable identification documents include any identification document that includes a photo such as:

- **Valid Driver's License with photograph**
- **School Identification card with photograph**
- **Valid Passport**
- **Military Identification card**

If photo identification is not possible, use standard employment eligibility document.

If fingerprints are taken at a location different from the location where the consent form is signed, verification of identification will be repeated and acceptable documents must be presented again.

The criminal history record check process will not proceed unless all the information is provided and the form is signed.

The Criminal History Record Check Consent form must be maintained in the applicant's file for six (6) years after the applicant separates from service or is no longer subject to a criminal history record check. The Criminal Background Check Unit does not require a copy of the form and the form should not be sent to the CBC unit.

CONSUMER REPORT AUTHORIZATION AND DISCLOSURE

In connection with your application for employment with The Center for Disability Services we may procure a consumer report on you as part of considering you for employment. In the event that information from the consumer report is used in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act.

This Authorization and Disclosure statements is requested in order to comply with and in accordance with the Fair Credit Reporting Act as amended, September 30, 1996, Section 604.

I, the undersigned, hereby authorize The Center for Disability Services to obtain a Consumer Report from a Consumer Reporting Agency.

*** The Center for Disability Services does not do credit ratings on individuals applying for a position. This is used to complete our criminal background check process.**

Applicant Name: _____

Social Security# _____

Applicant Address: _____

City/State/Zip Code: _____

Signature: _____ Date: _____

BACKGROUND CHECK

Information Sheet

STEP
I

Print Full Name _____
(First) (Middle) (Last)

Previous Name(s) _____

Social Security Number _____ - _____ - _____

Current Address _____ # of Years _____

_____, _____ (City) (State) (Zip) (County)

PLEASE LIST PREVIOUS ADDRESSES IN THE PAST 5 YEARS (Use back of form is necessary)

Address _____ # of Years _____

_____, _____ (City) (State) (Zip) (County)

Address _____ # of Years _____

_____, _____ (City) (State) (Zip) (County)

Address _____ # of Years _____

_____, _____ (City) (State) (Zip) (County)

Address _____ # of Years _____

_____, _____ (City) (State) (Zip) (County)

Address _____ # of Years _____

_____, _____ (City) (State) (Zip) (County)

Address _____ # of Years _____

_____, _____ (City) (State) (Zip) (County)

Signature: _____ Date: _____

Revised 2/06

DRIVING HISTORY STATEMENT

Name: _____ SS# _____ Date of Birth _____

Home Address _____ Home Phone # _____

Work Department _____ Work Phone # _____

NYS Driver's License Number _____ Class of License Issued _____

Expiration Date of License _____

1. Have you been convicted of a driving related offense or violation of the vehicle and traffic law within the past five years? (Please note, this includes being issued a ticket for any reason regardless of the outcome.)

Yes

No

If "Yes", please specify the date, location and description of each conviction.

2. Do you have any pending violations of the vehicle traffic law/convictions:

es

No

If "Yes", please specify the date, location and description of the pending violation(s):

3. Have you been involved in an accident in the last five years that resulted in any personal injury or property damage to your vehicle or another vehicle in excess of \$500.00?

es

N

If "Yes", please specify the date, location and description of each accident on the attached sheet.

4. Has your License ever been suspended or revoked? Yes No

If "Yes", please specify the date and reason for all such disqualifications and/ or suspension or revocations, provide description in the box below:

5. Have you ever been convicted of a DWI, DUI, DWAI, or reckless driving?

es

No

6. Have you ever completed drivers education course or defensive driving or any other program of driving instruction.

es

No

If "Yes", please furnish details on the attached sheet including date and location.

By executing this document I authorize and consent the agency to procure information regarding my driving history directly from the Department of Motor Vehicles (DMV) and authorize DMV to release this information to the agency.

I further acknowledge that the agency is part of the New York State DMV LENS Program and the agency will receive information from the LENS Program regarding any driving convictions. This does not alleviate my responsibility to notify the agency of such driving convictions.

The undersigned, by affixing my signature, attest, under penalty of perjury that the information contained here in is true and accurate to the best of my knowledge. I acknowledge that it is my responsibility to notify the Agency of changes in my license status, violations or incidents. The failure to do so may be reason for disciplinary action or termination.

Signature _____ Date: _____

Name _____

Additional Information regarding questions number _____

