



121 Westmoreland Avenue
 White Plains, NY 10606
www.westchesterarc.org

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

ALL QUALIFIED APPLICANTS ARE CONSIDERED FOR POSITIONS WITHOUT REGARD TO RACE, ETHNICITY, COLOR, SEX, AGE, DISABILITY, SEXUAL ORIENTATION, NATIONAL ORIGIN, RELIGION, CREED, CITIZENSHIP, MARITAL STATUS, VETERAN STATUS, & FAMILIAL STATUS.

ALL QUESTIONS MUST BE ANSWERED FULLY AND COMPLETELY. IF ADDITIONAL SPACE IS NEEDED, PLEASE USE A SEPARATE SHEET OF PAPER.

POSITION DESIRED		DATE
HOW WERE YOU REFERRED TO OUR ORGANIZATION? _____		
STATE THE NAMES OF ANY RELATIVES AND FRIENDS WORKING WITH US: _____		
HAVE YOU EVER BEEN EMPLOYED BY WESTCHESTER ARC? <input type="checkbox"/> YES <input type="checkbox"/> NO	POSITION HELD/DATES	REASON FOR LEAVING

PERSONAL DATA

NAME	SOCIAL SECURITY NO.
ADDRESS No. STREET CITY STATE ZIP CODE	PHONE NUMBER Day: Evening: Other:
IN CASE OF EMERGENCY, NOTIFY	PHONE NUMBER
ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN WHO HAS THE LEGAL RIGHT TO WORK IN THE JOB FOR WHICH YOU ARE APPLYING? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER BEEN CONVICTED OF A MOTOR VEHICLE MOVING VIOLATION, INCLUDING, BUT NOT LIMITED TO ALCOHOL AND DRUG RELATED OFFENSES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, PLEASE EXPLAIN _____	
HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, PLEASE EXPLAIN AND PROVIDE THE DATES OF REVOCATION OR SUSPENSION _____	
HAVE YOU EVER HAD ANY OCCURRENCE INVOLVING HARM TO HUMAN BEINGS OR PROPERTY WHILE DRIVING? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, PLEASE EXPLAIN _____	

HAVE YOU HAD 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		
HAVE YOU HAD ANY PRIOR OR CURRENT EXPERIENCE IN DIRECT CARE WORK? PLEASE INCLUDE ANY CHILD CARING EXPERIENCE. <input type="checkbox"/> YES <input type="checkbox"/> NO		
PLEASE PROVIDE THE NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF REFERENCES WHO CAN VERIFY EACH EXPERIENCE		
NAME	MAILING ADDRESS	PHONE NUMBER

CRIMINAL RECORD

HAVE YOU EVER BEEN CONVICTED OF OR PLED GUILTY TO ANY FELONY, MISDEMEANOR, OFFENSE, OR VIOLATION IN ANY JURISDICTION ?
 YES NO

IF YES, PLEASE DESCRIBE IN DETAIL EACH CONVICTION OR PLEA IN DETAIL.

ARE THERE ANY PENDING ARRESTS FOR ANY UNRESOLVED ALLEGATION OF ANY FELONY, MISDEMEANOR, CRIME, OFFENSE OR VIOLATION IN ANY JURISDICTION AGAINST YOU? YES NO

IF YES, PLEASE DESCRIBE IN DETAIL EACH PENDING ARREST OR ALLEGATION.

Westchester ARC will check all applicant records prior to hire for criminal convictions.

CONVICTIONS WILL NOT AUTOMATICALLY DISQUALIFY JOB CANDIDATES. DATE OF CONVICTION AND SEVERITY WILL BE CONSIDERED.

Please be advised that you will need to provide information, statements and fingerprints according to the requirements of the Chapter and OMRDD in order for a criminal background check to be conducted through DCJS. 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 DCJS.

PERSONAL REFERENCES (May not be a relative)

NAME	MAILING ADDRESS	PHONE NUMBER

EDUCATION

Please list the highest degree obtained and any other additional credits. List any relevant education or training regarding the care of or services to individuals with developmental disabilities.

	NAME AND ADDRESS	DATES ATTENDED		GRADUATED		TYPE OF DEGREE, DIPLOMA OR CERTIFICATE & MAJOR/MINOR FIELDS OF STUDY
		FROM MO/YR	TO MO/YR	YES	NO	
HIGH SCHOOL						
ALL VOCATIONAL SCHOOLS						
ALL COLLEGES OR UNIVERSITIES						

OTHER RELATED HISTORY/ ACTIVITIES

STATE PROFESSIONAL LICENSES HELD AND WHERE REGISTERED		
LIST VOLUNTEER EXPERIENCE		
LIST ANY OTHER SPECIAL TRAINING OR SKILLS YOU HAVE OR ANY COURSES YOU HAVE TAKEN THAT RELATE TO THE TYPE OF SERVICES OUR AGENCY PROVIDES.		
PLEASE PROVIDE THE NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF REFERENCES WHO CAN VERIFY EACH TRAINING OR COURSE.		
	MAILING ADDRESS	PHONE NUMBER

EMPLOYMENT HISTORY

List employment for the past ten (10) years. List most recent jobs first. Include full and part-time work, self-employment, military service, and full time education. If unemployed during that period, list dates of unemployment. Attach additional sheet if necessary. The entire ten year period must be accounted for.

EMPLOYER/ SCHOOL		ADDRESS		FROM	TO
POSITION TITLE	SUPERVISOR	TELEPHONE NUMBER	SALARY		
REASON FOR LEAVING		DUTIES PERFORMED			
EMPLOYER/ SCHOOL		ADDRESS		FROM	TO
POSITION TITLE	SUPERVISOR	TELEPHONE NUMBER	SALARY		
REASON FOR LEAVING		DUTIES PERFORMED			
EMPLOYER/ SCHOOL		ADDRESS		FROM	TO
POSITION TITLE	SUPERVISOR	TELEPHONE NUMBER	SALARY		
REASON FOR LEAVING		DUTIES PERFORMED			
EMPLOYER/ SCHOOL		ADDRESS		FROM	TO
POSITION TITLE	SUPERVISOR	TELEPHONE NUMBER	SALARY		
REASON FOR LEAVING		DUTIES PERFORMED			
EMPLOYER/ SCHOOL		ADDRESS		FROM	TO
POSITION TITLE	SUPERVISOR	TELEPHONE NUMBER	SALARY		
REASON FOR LEAVING		DUTIES PERFORMED			

EMPLOYMENT HISTORY CONTINUED

EMPLOYER/ SCHOOL		ADDRESS		FROM	TO
POSITION TITLE	SUPERVISOR	TELEPHONE NUMBER	SALARY		
REASON FOR LEAVING		DUTIES PERFORMED			
EMPLOYER/ SCHOOL		ADDRESS		FROM	TO
POSITION TITLE	SUPERVISOR	TELEPHONE NUMBER	SALARY		
REASON FOR LEAVING		DUTIES PERFORMED			
EMPLOYER/ SCHOOL		ADDRESS		FROM	TO
POSITION TITLE	SUPERVISOR	TELEPHONE NUMBER	SALARY		
REASON FOR LEAVING		DUTIES PERFORMED			

Applicant Understanding and Agreements

Westchester Arc may conduct investigations, including but not limited to those relating to prior education, employment history, record of convictions, pending trial status, and driving record. I understand that it is the policy of Westchester Arc to endeavor to provide the maximum protection and safety for those persons receiving services from the agency and I will need to provide information, statements, and fingerprints pursuant of the chapter requirements and OMRDD regulations in order for a criminal background check to be conducted through DCJS. It is the policy of DCJS that upon completion of the criminal background check, I will be informed of the procedures necessary to obtain, review, seek correction of my criminal history record. Westchester Arc will also investigate whether applicants are on the Office of the Inspector General List of Excluded Individuals and Entities or the General Services Administration Excluded Party List System.

I certify that all information and responses I have provided in this application are true. I authorize Westchester Arc to investigate all my responses herein for accuracy and completeness and grant Westchester Arc my permission to investigate all prior employment and all professional, military and educational records. I understand that any false or misleading statements, or omissions, made by me on this application or in connection with any physical examination will render this application void and be sufficient grounds for dismissal, regardless of when such omissions or false statements are discovered by the Chapter after my employment. I fully understand that this application is not a contract of employment and that employment with Westchester Arc is at-will and may be terminated for any or no reason at either my option or the Agency's option at anytime. I also understand that any employment offer is dependent upon my satisfactory completion of the required three (3) month orientation period. I agree, if employed to follow all the Chapter's rules and regulations.

SIGNATURE

DATE