



**ABILITIES FIRST**  
ENRICHING THE LIVES OF PEOPLE WITH DISABILITIES

Abilities First, Inc., 70 Overocker Road, Poughkeepsie, NY 12603 (845) 485-9803

**APPLICATION FOR EMPLOYMENT**

**Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.**

(PLEASE PRINT)

Date of Application \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Referral Source:  Advertisement  Walk-In  Employment Agency

Friend: \_\_\_\_\_ Relative: \_\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

Telephone (\_\_\_\_\_) \_\_\_\_\_ If employed and you are under 18, can you furnish a work permit? \_\_\_\_\_  
Area Code

Have you filed an application here before?  Yes  No If Yes, give date \_\_\_\_\_

Have you ever been employed here before?  Yes  No If Yes, give date \_\_\_\_\_

Are you employed now?  Yes  No May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
 Yes  No (Proof of citizenship or immigration status may be required upon employment)

On what date would you be available for work? \_\_\_\_\_

Are you available to work  Full Time  Part Time  Shift Work  Temporary

Please check  days you are available to work and **circle** the shifts you are available to work:

Day	<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
Shift(s)	1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup>	1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup>	1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup>	1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup>	1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup>	1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup>	1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup>

Note - Shift times may vary based on program needs, the following are *examples*:

**1<sup>st</sup>** (Example: 7 am – 3 pm, 9:00 am – 5:00 pm) **2<sup>nd</sup>** (Example: 3 pm – 11 pm) **3<sup>rd</sup>** (Example: 11 pm – 7 am)

Are you on a layoff and subject to recall?  Yes  No Can you travel if job requires it?  Yes  No

Please list languages you speak proficiently: \_\_\_\_\_

AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER M/F/V/H  
CRIMINAL BACKGROUND CHECK REQUIRED BY NEW YORK STATE OPWDD

Employment may require clearance through OPWDD's Criminal Background Check, MHL 16.34, Statewide Central Registry check, and others as required by New York State OPWDD, OMH, OASAS and the Justice Center. Convictions and/or allegations do not necessarily exclude you from employment. Failure to disclose information or misstatements will be considered falsification of this application. Please use additional paper if necessary.

**Have you ever:**

- Been convicted of a misdemeanor or felony in any jurisdiction *or* have any unresolved charges?  Yes  No  
If yes, Please list/explain \_\_\_\_\_  
\_\_\_\_\_
- Been involved in an allegation of abuse (via employer/APS/CPS/other)? Yes  No   
If yes, Please explain \_\_\_\_\_  
\_\_\_\_\_
- Been sanctioned by the NYS Justice Center, Office of the Inspector General or excluded from participation in Medicare, Medicaid and/or other Federal health care programs?  Yes  No

List professional, trade, business or civic activities and offices held.  
(You may exclude those which indicate race, color, religion, sex or national origin): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Give name, address and telephone number of three references who are not related to you.  
Professional and academic references are acceptable.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

	Elementary					High				College/University				Graduate/Professional			
School Name																	
Years Completed (Circle)	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma Degree																	
Describe Course Of Study																	
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities																	

## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin, veteran or marital status, sex, sexual orientation, gender identity, disability, or any other basis of discrimination prohibited by law.

Employer	Telephone ( )	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				
Employer	Telephone ( )	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				
Employer	Telephone ( )	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				
Employer	Telephone ( )	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason For Leaving				

If you need additional space, please continue on a separate sheet of paper.

### Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience \_\_\_\_\_

---



---



---



---

**PRE-EMPLOYMENT  
CONTAGIOUS DISEASE STATEMENT**

Applicants for employment with Abilities First, Inc., are herewith notified that the agency is required to admit program participants into each of its programs, without regard to their health status. Therefore, it is possible that an employee of this agency will, during the course of their employment, be exposed to program participants who are infected with contagious diseases. This notice serves to make you aware of this possibility. Additionally, if you are employed by this agency you will be trained on methods of protecting yourself and others from contagious diseases.

I have read the above and understand that this statement will be reviewed further upon hire.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**HEALTH PRECAUTIONS/PPD  
TUBERCULOSIS TESTING**

I, as a prospective employee of Abilities First, Inc. understand that I am expected to have a two-step Mantoux skin test/PPD completed upon hire (or as OPWDD requirements specify). The first step will be completed before my employment start date and the second step will be completed within 1 to 3 weeks of employment. I understand that Abilities First will be responsible for the cost of the PPD test and reading as long as I participate in the agency-sponsored programs. If I choose to have the Mantoux skin test done by my own physician or elsewhere, I understand I am responsible for the associated costs.

Employees who have tested positive are not required to have a PPD done. However, they are expected to have a chest x-ray done every three years. A physician's note will be accepted if there is a medical reason as to why the x-ray should not be done. Anyone who has had a positive reaction to the Mantoux test will, on an annual basis, receive a health service form "signs and symptoms of Tuberculosis" to be completed and reviewed by either a physician or nurse.

I have read and clearly understand the above statement.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals  
with Physical or Mental Handicaps**

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

Disabled Individual       Disabled Veteran       Vietnam Era Veteran

Signed \_\_\_\_\_

TO: All Staff, Job Applicants, Interested Parties  
FROM: Human Resources Dept.  
RE: Equal Employment Opportunity/Affirmative Action Policy.

The Agency wishes to reaffirm that it will comply with federal, state and local anti-discrimination laws and rules as they relate to employment with this Agency. Specifically, we will not discriminate on the basis of race, color, creed, sex, handicap, religion, age, marital or health status (to include those with known or suspected HIV (AIDS status) or sexual orientation. We will not tolerate sexual harassment of employees.

With the exception of those positions for which there exists a **bona fide occupational qualification** permitting use of a otherwise prohibited factor, this agency will not take any of those factors into consideration with regard to recruitment, hiring, promotion, transfer, disciplinary procedures, separations and other terms and conditions of employment. Additionally, the Agency will take affirmative action to recruit, hire and advance through promotion minority persons, the disabled and veterans.

This endeavor, and its goal of achieving and maintaining equal employment opportunity for all persons, is of the highest priority for this organization, and the community, and has the full and positive support of the management of this organization.

March 16,1978 / Revised April 1, 1990

### AFFIRMATIVE ACTION SURVEY

**Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual orientation, gender identity, medical condition, disability, or any other basis of discrimination prohibited by law.**

**As employers/government contractors, we comply with government regulations and affirmative action responsibilities. Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.**

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

Check one:  Male  Female

Check one of the following:  
Race/Ethnic Group:  White  Black  Hispanic  
 American Indian/Alaskan Native  Asian/Pacific Islander

Check if any of the following are applicable:

Vietnam Era Veteran  Disabled Veteran  Disabled Individual

---

Abilities First, Inc.  
70 Overocker Road  
Poughkeepsie, NY 12603

## **RELEASE AUTHORIZATION**

I hereby authorize employers, professional and personal acquaintances to release unto Abilities First, Inc. or its agents thereof, any information related to my employment history with said company, including but not limited to, dates of employment, attendance, performance, conduct/discipline, capabilities and other qualities related to my qualifications for employment. I further release the said company(s) and/or agents from any claims that may arise for providing such information.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Abilities First, Inc.  
70 Overocker Road  
Poughkeepsie, NY 12603

## **RELEASE AUTHORIZATION**

I hereby authorize employers, professional and personal acquaintances to release unto Abilities First, Inc. or its agents thereof, any information related to my employment history with said company, including but not limited to, dates of employment, attendance, performance, conduct/discipline, capabilities and other qualities related to my qualifications for employment. I further release the said company(s) and / or agents from any claims that may arise for providing such information.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Abilities First, Inc.  
70 Overocker Road  
Poughkeepsie, NY 12603

## **RELEASE AUTHORIZATION**

I hereby authorize employers, professional and personal acquaintances to release unto Abilities First, Inc. or its agents thereof, any information related to my employment history with said company, including but not limited to, dates of employment, attendance, performance, conduct/discipline, capabilities and other qualities related to my qualifications for employment. I further release the said company(s) and / or agents from any claims that may arise for providing such information.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# DRIVER ELIGIBILITY CRITERIA

Please review the following criteria set forth by our insurance company used to determine driving eligibility.

## **MVR Guidelines:**

### **Drivers' under the age of 21 and over the age of 79 is an ineligible driver.**

A minimum of at least three years or more of driving experience with a valid driver license.

No driver under the age of 25 or over the age of 74 is eligible to drive 15-passenger transportation vehicles or buses.

No statutory or major violations listed on the MVR (Reviewing Motor Vehicle Records Technical Bulletin: 2100)

### **Ages 21-70**

**Initial to acknowledge that you meet the set forth criteria.**

A. Any driver with any of the following within the past three years does not meet our underwriting criteria is ineligible:

1. More than three moving violations in the past three years
2. More than two accidents in the past three years
3. More than one accident in any one year
4. Speeding over 80 miles per hour or 21 miles per hour over the posted speed limit

Initials \_\_\_\_\_

B. Any driver with any of the following is ineligible:

1. Operating a motor vehicle during a time of suspension or revocation
2. Operating a motor vehicle without a license
3. Driving under the influence of alcohol or drugs
4. Careless driving
5. Negligent homicide arising out of the use of a motor vehicle
6. Aggravated assault with a motor vehicle

Initials \_\_\_\_\_

### **Ages 71-74**

**Initial to acknowledge that you meet the set forth criteria.**

A. Any driver with any of the following over the past three years does not meet our underwriting criteria:

1. More than two moving violations in the past three years
2. More than two accidents in the past three years
3. More than one accident in any one year
4. Speeding over 80 miles per hour or 21 miles per hour over the speed limit

Initials \_\_\_\_\_

B. Any driver with any of the following is ineligible:

1. Operating a motor vehicle during a time of suspension or revocation
2. Operating a motor vehicle without a license
3. Driving under the influence of alcohol or drugs
4. Careless driving
5. Negligent homicide arising out of the use of a motor vehicle
6. Aggravated assault with a motor vehicle

Initials \_\_\_\_\_

C. A physician's statement is required for any driver operating a passenger transportation vehicle (i.e. vans or buses). Physician's statements are required on an annual basis.

### **Ages 75-79**

A. Review MVR - driver is subject to same MVR criteria as above

B. Physician's statement is required on an annual basis.

C. Ineligible to drive passenger transportation vehicles

**I have read and understand the above guidelines that determine my eligibility to drive for the agency and understand that if I am offered a position that includes driving as a responsibility, maintaining an acceptable driver's license is a condition of employment.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

# DRIVERS LICENSE STATEMENT

Applicants for employment whose job will involve driving are required to provide a statement indicating convictions related to moving violations, as well as any incident involving harm to person or property while driving. As a condition of employment, employees whose positions require driving are required to have a valid NYS driver's license which is deemed "acceptable" by our insurance carrier.

1. Do you currently possess a valid N.Y. State driver's license? YES \_\_\_\_\_ NO \_\_\_\_\_

I authorize Abilities First, Inc. to verify the status of my driver's license \_\_\_\_\_  
Signature

Driver's License number \_\_\_\_\_

2. Have you **ever** had your N.Y. State driver license suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, provide details: (Date, Charge, etc.) \_\_\_\_\_

\_\_\_\_\_

3. Within the last 3 years were you involved in a traffic incident(s) that resulted in harm to person(s), or property while driving? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, provide details: (Date, Charge, etc.) \_\_\_\_\_

\_\_\_\_\_

4. Within the last 3 years, have you ever been convicted of a moving traffic violation(s)? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, provide details: (Details on charge, speed if applicable, date) \_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**\*\*CONVICTIONS WILL NOT NECESSARILY DISQUALIFY APPLICANT FROM EMPLOYMENT\*\***



**CONDITIONS OF EMPLOYMENT (Please read carefully)**

1. I hereby declare the information provided by me in this Application for Employment is accurate and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of pertinent fact shall be considered cause for dismissal.
2. I hereby declare that I am capable of performing the essential duties required of this position and understand that reasonable efforts will be made to accommodate restrictions in compliance with standards governing civil rights. I understand that direct care positions require lifting, transferring and maneuvering participants.
3. If I am offered employment, I agree to submit to a medical examination (for positions which require this) before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by Abilities First, Inc. and as permitted by law and the applicable (if any) collective bargaining agreement. I consent to such examinations and tests and I request that the examining doctor disclose to Abilities First, Inc., the results of the examination which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and if I am hired a condition of employment will be that I abide by the Agency's drug and alcohol policy.
4. If employed, I agree to protect the confidentiality of Abilities First, Inc. information and not to disclose such confidential information to others. Further, if employed, I agree to protect the privacy of the participants Protected Health Information (PHI) and not to disclose such confidential information to others.
5. I understand that if I am employed, employment with Abilities First, Inc. is at the will of the employer or myself, and the employer may terminate the employment relationship at any time with or without cause and with or without notice and is subject to applicable (if any) collective bargaining agreement. I also understand that no officer, supervisor, personnel representative, or other employee of Abilities First, Inc. has the authority to enter into any agreement for employment, verbally or in writing, contrary to the foregoing.
6. I hereby authorize Abilities First, Inc. or it's Agent thereof, to make any inquiries into my past criminal history record, if any, that reasonably relate to fitness to perform a particular job or bondability. This includes the NYS Justice Center, Office of Inspector General's database for individuals excluded or sanctioned from participating in Medicare, Medicaid, or other Federally funded programs. If sanctioned, I understand I will be ineligible for employment.
7. I understand that most positions require driving and, maintaining and acceptable driving record is a condition of employment. I have reviewed the attached MVR list of exclusions and understand that certain infractions could result in excluding me from employment. Failure to maintain an acceptable driver's license will result in the inability to hold a position for which driving is a requirement.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**My Pledge**

As an employee of Abilities First, Inc. I pledge to honor the individuality and rights of those I serve, to champion their right to self-directions, to respect them for the struggles they endure and the challenges they overcome, to support their needs in an environment of trust and integrity and to protect them from deceit and fraud.

I pledge to prevent abuse, neglect or harm toward any person with special needs. If I learn of, or witness, any incident of abuse, neglect or harm toward any person with special needs, I will offer immediate assistance and then notify emergency personnel, including 9-1-1 where appropriate, and inform the management of this organization. I pledge also to report the incident to the Justice Center for the Protection of People with Special Needs.

I acknowledge that I have read and understand Abilities First Code of Conduct and I agree to abide by this Code.

**This is my commitment, my honor.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date