



Schenectady arc

SEE ABILITY, NOT DISABILITY.

arcschenectady.org

Welcome to Schenectady ARC

We are so pleased that you have started the application process at Schenectady ARC. Below are some helpful steps to guide you in completing the Schenectady ARC Employment Application.

All forms listed below must be returned to the Schenectady ARC Human Resources Office to be considered for a position.

If you have questions regarding the application process you may find more information on the Schenectady ARC website, www.arcschenectady.org.

To ensure that your application is completed in its entirety, please read and complete the following steps:

1. Thoroughly complete and print out all pages of the job application ([link](#))
2. Review and print out the Statement of Rights and Information ([link](#))
3. Print and complete the Criminal History Record and Consent Form ([link](#))

*Please print and complete our optional Equal Opportunity (EEOC) form and submit with your application. EEOC FORM LINK



APPLICATION FOR EMPLOYMENT/CONSULTANTS/INTERNS/VOLUNTEERS

Equal Opportunity Employer, Minority/Female/Disabled/Veteran

(Please complete application whether or not a resume is attached)

Name:	Also known as:	Date:
Street Address:		Day Phone:
		Night Phone:
City, State, Zip Code:	E-Mail Address:	Cell Phone:

Are you legally eligible for employment in the United States? Yes No

Do you have a valid New York State Drivers License? Yes No

Have you ever worked for Schenectady ARC? Yes No

How did you hear about the position? (Newspaper, ARC staff, internet) _____ Staff Name _____

Position desired.	Salary expected.
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EDUCATIONAL HISTORY

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.						

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SCHENECTADY, NY 12305

EMPLOYMENT/VOLUNTEER HISTORY

Please list in chronological order, starting with *your current or last place of employment, all employment in the past two years*. Include prior or current experience as employee, volunteer, certified provider for OPWDD, other state agency or other provider of human service. Include ANY experience in a direct care or childcare position. **The contact person listed for each company should be someone qualified to provide a professional reference for you (i.e. supervisor, manager, owner, etc.).**

CURRENT EMPLOYER		
Organization Name and Address:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Dates Employed From: To	
Final Salary:		
Supervisor's Name:	Title and Phone #:	Contact my current supervisor: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:	Reason for Leaving:	
EMPLOYER 2		
Organization Name and Address:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Dates Employed From: To	
Final Salary:		
Supervisor's Name:	Title and Phone #:	Contact my current supervisor: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:	Reason for Leaving:	
EMPLOYER 3		
Organization Name and Address:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Dates Employed From: To	
Final Salary:		
Supervisor's Name:	Title and Phone #:	Contact my current supervisor: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate

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Primary duties:	Reason for Leaving:
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REFERENCES

Please list the names and addresses of three (3) references. These should be PERSONAL references (co-workers, friends, clergy, friends of family, etc.). Please **DO NOT LIST FAMILY MEMBERS** as personal references.

I AUTHORIZE YOU TO CONTACT:

Name:	Telephone Numbers:
	Work:
	Home:
	Cell:

Name:	Telephone Numbers:
	Work:
	Home:
	Cell:

Name:	Telephone Numbers:
	Work:
	Home:
	Cell:

REFERENCE RELEASE AUTHORIZATION

I, _____
Please print name

_____ social security number

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Hereby authorize the Schenectady ARC to contact references and employers to obtain the necessary information for an employment decision.

Signature:	Date:
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ADDENDUM TO APPLICATION FOR EMPLOYMENT

Schenectady ARC

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1. Have you ever been convicted of a misdemeanor? Yes No

If yes, please state where, when and the crime for which you were convicted, and any other information: _____

2. Have you ever been convicted of a felony? Yes No

If yes, state where, when and the crime for which you were convicted, and any other information: _____

3. Do you have any pending arrest or criminal accusations against you in any jurisdiction?

Yes No

If yes, please state where, when, the crime with which you are charged and any other information:

4. Have you ever been convicted of client or child abuse, neglect or mistreatment?

Yes No

If yes, explain: _____

5. Have you ever received disciplinary action from an employer for client/child abuse, neglect or mistreatment? Yes No

If yes, explain: _____

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I UNDERSTAND AND AGREE THAT:

All information provided by me on this application is true; and any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal or, if employed, termination from employment.

It is my understanding that Schenectady ARC will make a thorough investigation of my work history and may verify all data given in my application of employment, related papers, or oral interview. I authorize such investigation and the giving and receiving of any information requested by the Schenectady ARC and I release from liability any person giving or receiving information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.

I understand that the names of applicants who will have the potential for regular and substantial contact with children and who are being considered for staff positions shall be submitted to the New York State Department of Social Services to determine if the applicant is the subject of an indicated report of child abuse or maltreatment.

I further understand that this is an application for employment and that no employment contracts are being offered.

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or disability.

Signature:

Date:

Schenectady ARC

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ADDENDUM TO APPLICATION FOR EMPLOYMENT

If the position in which you are applying requires driving, please fill out the information below.

1) Do you have any convictions relating to moving violations within the last 3 years?

 Yes No

If yes, explain:

2) Have you ever had your license suspended or revoked, a DWI conviction or any other occurrence involving harm to anyone or to property while driving?

 Yes No

If yes, explain:

Please **PRINT** information as it appears on your Drivers License

Name:

Date of Birth:

Motorist ID#:

Class:

Date of Issue:

Date of Expiration:

I hereby authorize The Schenectady ARC to secure an abstract of my driving record.

Signature:

Statement of Rights and Information

Please read before giving consent to the Criminal History Record Check

New York State law now requires that employees, volunteers, interns and consultants of programs certified by The Office For People with Developmental Disabilities (OPWDD) and The Office of Mental Health (OMH) who are in a position that would allow for “regular and substantial unsupervised or unrestricted physical contact with people receiving services” from Schenectady ARC must consent to a criminal history record check before assuming the full responsibilities of his or her position. The law defines persons subject to this requirement as “any person whose work assignment is at a certified site at least some of the time that persons are receiving services.” Since almost all of our work locations are certified sites, almost all new Schenectady ARC employees are subject to this requirement.

This check is a multi step process. This first involves a check of the NYS staff exclusion list. Then, (if not on the exclusion list) the individual must give consent to the criminal history record check and submitting fingerprints to NYS Justice Center, (we will arrange this if we offer you a position here). The fingerprints will then be forwarded to the New York State Division of Criminal Justice Services, which will check against its database for any convictions or pending charges. The information from that search will be forwarded to NYS Justice Center, and, if there are any findings, to both you and to Schenectady ARC. The confidentiality of this information is mandated by law, and only authorized persons at Schenectady ARC will have access to this information.

The law requires that if there is a conviction for certain crimes, that Schenectady ARC must decline your application. If there are convictions for other crimes, NYS Justice Center may direct that we decline your application, or we may decide to decline your application. If the criminal history record check indicates convictions or pending charges that you did not disclose to us, we will decline your application on the ground that you were not truthful in your application.

You should be aware that you have the following rights:

- 1. You may withdraw your application for employment, or to be a volunteer, at any time, without prejudice, regardless of whether your criminal history record information has been reviewed.**
- 2. You will be advised if the criminal history record check associates any convictions or pending charges with your fingerprints and personal information: if, for any reason, you believe this information is not accurate, you have the right to obtain review, and seek correction of, your criminal history record information under regulations established by the New York State Division of Criminal Justice Services.**

If you have any questions about any of this information, please speak with a representative of our Human Resources Department.

**NYS Justice Center for the Protection of People with Special Needs (Justice Center)
Criminal Background Check Unit
161 Delaware Avenue
Delmar, NY 12054
Fax: 518-549-0464
Email: cbc@JusticeCenter.ny.gov**

Applicant Consent Form for Fingerprinting for Justice Center Criminal Background Check (CBC)



Part 1. Applicant Information (Please print clearly)

Last Name:	First Name:	MI:
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Date of Birth:	Social Security Number:
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Applicant address:	Applicant type:
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Facility/Provider: _____

State Oversight Agency: OMH OPWDD OCFS Circle all that apply

Part 2. Attestation

1. I have been advised that as part of the application process, the law requires the facility or provider agency listed above to request a criminal history information check with the NYS Division of Criminal Justice Services (DCJS) and the Federal Bureau of Investigation (FBI) and authorizes the Justice Center to review and evaluate the results of the criminal history information check received by DCJS and FBI. The Justice Center will provide a summary of NYS criminal history, if any, to the facility or provider agency. A conviction for certain crimes may affect my suitability for employment in this position.
2. I consent to having my fingerprints taken and submitted for the purpose of a criminal history information check to DCJS and the FBI and consent to the Justice Center sharing with the facility for provider agency listed above a summary of the NYS criminal history information, if any, returned by DCJS, as part of its background investigation of my suitability for employment or volunteer service, or for certification as a natural person operator.
3. I have been advised that procedures exist for me to obtain, review and, if necessary, seek correction of my criminal history information pursuant to regulations established by DCJS in 9 NYCRR Part 6050, and the FBI, as applicable.
4. I have been advised that I have the right to withdraw my application for employment or volunteer service, or certification as a natural person operator, without prejudice, any time before employment, volunteer service, or certification as a natural person operator is offered or declined, regardless of whether the authorized person of the facility or provider agency has reviewed the summary of any criminal history information.
5. I have been advised that the results of the criminal history information check forwarded to the Justice Center by DCJS and the FBI shall be confidential pursuant to the applicable federal and state laws, rules and regulations, and shall only be disclosed to persons authorized by law. Criminal history information will be considered pursuant to Article 23-A of the NYS Correction Law in making hiring determinations.
6. I affirm that the fingerprints submitted will be my own and that the information I have provided is true, complete and accurate.
7. I certify to the best of my knowledge that I: (check as appropriate)
 - have been convicted of a crime in New York State or any other jurisdiction.
 - have pending arrest charges.
 If checked, provide details: _____
8. I have been advised that my social security number is being requested so that the Justice Center may check whether I am on the Staff Exclusion List which is maintained as part of the Vulnerable Persons' Central Register and that such check is required by Social Services Law §495 and will be performed prior to the criminal history information check. 14 NYCRR Part 702 provides for the collection of social security numbers for this purpose and the failure to provide my social security number may preclude me from being considered for the position applied for.

Applicant Signature	Date:
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Signature Parent/ Guardian if Applicant under 18 years	Date:
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Part 3 Facility of Provider Agency Authorized Person Information

Name:	Title:
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Signature:	Email:
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Invitation to Identify for Affirmative Action Purposes

Our organization is committed to the employment and advancement of minorities, females, individuals with disabilities, and veterans. If you fall into one of these protected classifications, we invite you to identify to yourself and receive coverage under our company's Affirmative Action Plan. You may inform us of your desire to benefit under the program at this time and/or any time in the future.

Completion of this form is voluntary and in no way affects the decision regarding your employment opportunity. The information provided will be held in the strictest confidence, will be maintained in a separate file, and will not be used in a manner inconsistent with the Acts.

Applicant Information

Name: _____ Date _____

Position Applied for: _____

Choose one race/ethnic group. Submission of information is voluntary.

Gender:

- Female Male

Racial or Ethnic Group

- | | | |
|---|--|--|
| <input type="checkbox"/> American Indian/
Alaskan Native | <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander |
| <input type="checkbox"/> 2 or more races | | |

DEFINITIONS

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.

HOW WERE YOU REFERRED TO THIS JOB:

- | | | |
|--|--|---|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> School/College | <input type="checkbox"/> Employee Referral |
| <input type="checkbox"/> Recruiter | <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Website (Please specify) _____ |
| <input type="checkbox"/> Walk In | <input type="checkbox"/> Other (Please Specify): _____ | |