



United Cerebral Palsy Association of Greater Suffolk, Inc.

250 Marcus Boulevard, Hauppauge, New York 11788

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, citizenship, gender, national origin, age, disability, marital, military status or veteran status, sexual orientation, genetic predisposition, domestic violence victim or any other legally protected status.

Position Applied For: _____ Date of Application: _____

How Did You Learn About Us? Advertisement Internet Friend/Relative Walk-In

Other _____

Employee referral (*Print Name of Employee*) _____

Last Name	First Name	Middle Name	
Street Address	City	State	Zip Code

Contact Telephone Number () - _____	Email Address: (if available) _____ @ _____
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Yes No If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No Are you legally authorized for work in the United States?
(If hired, verification will be required consistent with Federal law)

Yes No Have you ever filed an application with us before? If yes, give date _____

Yes No Have you ever been employed with us before?
If yes, give dates and position held: _____

Yes No Are you currently employed? If yes, may we contact your present employer?

Yes No Do you have any prior or current experience as an employee, volunteer, or certified provider with OPWDD; any other State Agency; or any other provider of human services?
If yes, please explain: _____

Yes No Do you have any prior or current experience in direct care work relevant to the position for which you are applying? (*Note any child-care experience.*) If yes, please explain: _____

Yes No Have you ever been charged with a crime including a felony or misdemeanor that has not been expunged, sealed, pardoned or annulled? If yes, please explain: _____

Yes No Have you ever been convicted of a crime including a felony or misdemeanor that has not been expunged, sealed, pardoned or annulled? If yes, please explain: _____

Yes No Are any criminal charges currently pending against you?
If yes, please explain: _____

Yes No Have you ever been investigated or convicted of Medicaid fraud?
If yes, please provide dates and specifics: _____

Yes No Have you ever been investigated or cited by the NYSED Office of the Professions?
If yes, please explain: _____

Yes No Have you ever been discharged, suspended or asked to resign from any position?
If yes, please explain: _____

Yes No Are you available to work (*check all that apply*)? Full Time Part Time
On what date would you be available to start? _____

What shift are you available to work (check all that apply): Days Evenings Overnights Weekends

EDUCATION

	SCHOOL Name, Address, and Telephone #	Course of Study or Major	Highest Grade Completed	Diploma Degree Received
High School			9 10 11 12 GED (Circle)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Undergraduate College			1 2 3 4 (Circle)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate Professional			# Credits Completed _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (Specify)			1 2 3 4 (Circle)	<input type="checkbox"/> Yes <input type="checkbox"/> No

DESCRIBE ANY SPECIALIZED TRAINING, JOB RELATED SKILLS, APPRENTICESHIP SKILL, AND EXTRA-CURRICULAR ACTIVITIES:

DESCRIBE ANY JOB-RELATED TRAINING RECEIVED IN THE UNITED STATES MILITARY:

MOTOR VEHICLE

If the position you are applying for requires that you drive an Agency Vehicle, please complete the following questions:

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

Have you had any moving violations within the past three years or suspensions, revocations, D.W.I. Convictions or any occurrences regarding harm to persons or property while driving? Yes No

If yes, please explain (include dates and complete description):

ADDITIONAL TRAINING OR EXPERIENCE

Other Qualifications

SUMMARIZE SPECIAL JOB-RELATED SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE:

Computer Skills *(Check)*

- | | | |
|-----------------------------------------------|----------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Microsoft Windows XP | <input type="checkbox"/> Microsoft Windows 7 | <input type="checkbox"/> Microsoft PowerPoint—Ver. _____ |
| <input type="checkbox"/> Microsoft Excel | <input type="checkbox"/> Browser Application _____ | <input type="checkbox"/> Microsoft Publisher—Ver. _____ |
| <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Visio —Ver. _____ | <input type="checkbox"/> Programming Skills |
| <input type="checkbox"/> Outlook | <input type="checkbox"/> Crystal Reports | <input type="checkbox"/> HTML |

Accounting Software

- Great Plains/Dynamics—Ver. _____
- ADP for Windows—Ver. _____
- Other _____

Networking

- Windows 2003
- Windows 2008

REFERENCES

Please supply the names, addresses, and telephone numbers of a minimum of two (2) individuals not related to you who can attest to your character, reputation, and personal qualifications.

NAME	ADDRESS	HOME/CELL NUMBERS
		()
		()
		()
		()

Please supply the names, addresses, and telephone numbers of individuals not related to you who can verify your history of employment or related experience, work record, and qualifications related to the care or services of individuals with developmental disabilities.

NAME	ADDRESS	HOME/CELL NUMBERS
		()
		()
		()
		()

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments. You may exclude any organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. Resumes may not be substituted in lieu of completing the following employment information.

CURRENT OR MOST RECENT POSITION

Employer Name:	Dates Employed		Work Performed
Address	From		Job Title:
Street, State, Zip	To		
Telephone Number ()	Hourly Rate / Salary		
Supervisor	Start		
Reason for Leaving	Final		

NEXT RECENT POSITION

Employer Name:	Dates Employed		Work Performed
Address	From		Job Title:
Street, State, Zip	To		
Telephone Number ()	Hourly Rate / Salary		
Supervisor	Start		
Reason for Leaving	Final		

Employer Name:	Dates Employed		Work Performed
Address	From		Job Title:
Street, State, Zip	To		
Telephone Number ()	Hourly Rate / Salary		
Supervisor	Start		
Reason for Leaving	Final		

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Address	From		Job Title:
Street, State, Zip	To		
Telephone Number ()	Hourly Rate / Salary		
Supervisor	Start		
Reason for Leaving	Final		

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

OTHER INFORMATION

LIST PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ACTIVITIES, AND OFFICES HELD. *You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, genetic predisposition, domestic violence victim or other protected status.*

STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION.

APPLICANT'S STATEMENT

I certify that the information contained in this application is true and complete to my knowledge.

I authorize investigation of all matters contained in this application for employment as may be necessary in arriving at an employment decision.

I understand and agree that any misleading or false statement would be cause for non-employment or would be sufficient cause for dismissal after my employment.

I understand that my employment is contingent upon the receipt by United Cerebral Palsy Association of Greater Suffolk, Inc. (UCP) of satisfactory work references. I hereby authorize my present/past employers to furnish UCP with their records of service. I agree if employed to supply UCP with such verifications as may be permitted by Federal or State codes and regulations.

I understand that I may be subject to a criminal history record check, fingerprinting, Medicaid fraud check, drug screening, motor vehicle license check and/or sex offender registry check.

I understand, also, that I am required to abide by all UCP rules, regulations and policies. I acknowledge that UCP Suffolk has a tobacco-free policy and that smoking is prohibited on all UCP properties.

I further acknowledge that this application is not a contract of employment and that unless I am employed pursuant to a collective bargaining agreement or written employment contract that provides to the contrary, I will remain an employee "at will" subject to termination without restriction, cause, or limitation.

Signature of applicant

Date

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NOTE: Applications for employment shall be considered active for a period of time not to exceed 45 days. Beyond this time the applicant must complete a new application.

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