



**EMPLOYMENT APPLICATION**  
**AN EQUAL OPPORTUNITY EMPLOYER**

265 Saw Mill River Road  
 Hawthorne, NY 10532  
[www.westchesterarc.org](http://www.westchesterarc.org)

Please provide complete and legible information. An incomplete application may affect your consideration for employment. If necessary, attach a separate sheet for additional information.

Westchester Arc is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of age, sex, sexual orientation, race, color, creed, religion, ethnicity, national origin, alienage or citizenship, disability, marital status, military or veteran status, or any other legally recognized protected basis under federal, state or local laws, regulations or ordinances.

Applicants with disabilities may be entitled to reasonable accommodation under the terms of the Americans with Disabilities Act and certain state or local laws. A reasonable accommodation is a change in the way things are normally done which will ensure an equal employment opportunity without imposing undue hardship on Westchester Arc. Please inform the company's personnel representative if you need assistance completing any forms or to otherwise participate in the application process.

POSITION DESIRED		DATE
HOW WERE YOU REFERRED TO OUR ORGANIZATION? _____		
STATE THE NAMES OF ANY RELATIVES AND FRIENDS WORKING WITH US: _____		
(This information is necessary to avoid any direct reporting relationships in the Agency and other similar conflicts of interest)		
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						
ADDRESS	No.	STREET	CITY	STATE	ZIP CODE	PHONE NUMBER Day: Evening: Other:
IN CASE OF EMERGENCY, NOTIFY						PHONE NUMBER
(ONLY THOSE APPLYING FOR POSITIONS REQUIRING A DRIVING LICENSE NEED TO ANSWER THE DRIVING RECORD RELATED QUESTIONS BELOW)						
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 _____						
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 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?  YES  NO

HAVE YOU HAD ANY PRIOR OR CURRENT EXPERIENCE IN DIRECT CARE WORK? PLEASE INCLUDE ANY CHILD CARING EXPERIENCE.  YES  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 A CRIME?  YES  NO

NOTE: This question does not apply to convictions which have been expunged, sealed, pardoned, or otherwise exonerated or eradicated, or relate to a youthful offender conviction or violation. (A conviction record will not necessarily be a bar to employment. A conviction which is substantially related to the functions or qualifications of the position (s) for which you are applying may be taken into consideration.)

IF YES, PLEASE DESCRIBE FULLY THE CRIMINAL CONVICTION(S), LISTING THE NATURE AND DATE OF THE OFFENSE(S) AND YOUR REHABILITATION SINCE THE CONVICTION(S)

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

## 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	GRADUATED		TYPE OF DEGREE, DIPLOMA OR CERTIFICATE & MAJOR/MINOR FIELDS OF STUDY			
	YES	NO				
HIGH SCHOOL			HIGHEST GRADE COMPLETED			
ALL VOCATIONAL SCHOOLS						
ALL COLLEGES OR UNIVERSITIES			NUMBER OF YEARS COMPLETE			

## 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.

NAME	MAILING ADDRESS	PHONE NUMBER

## EMPLOYMENT HISTORY

List employment for the past ten (10) years or your full employment history if it is less than 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		
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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			

## PERSONAL REFERENCES (May not be a relative)

NAME	MAILING ADDRESS	PHONE NUMBER

## 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.*

### PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING

I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment. \_\_\_\_\_ Initials

I understand employment with Westchester Arc is also contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States. \_\_\_\_\_ Initials

I expressly understand and agree that, if employed, my employment, having no specified term, is based upon mutual consent and may be terminated at will, with or without cause, by either party (the employer or me) without prior notice to the other, unless otherwise prohibited by law. \_\_\_\_\_ Initials

I understand that no representation, whether oral or written, by any representative or agent of Westchester Arc at any time, can constitute an implied or expressed contract of employment. I further understand no representative or agent of Westchester Arc has the authority to enter into an agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other terms or condition of employment other than in a document signed by the Director of Human Resources or his/her authorized representative. \_\_\_\_\_ Initials

I certify, under penalty of perjury, that all of the above information is true and complete, and I understand that any falsification or omission of information may result in denial of employment or, if hired, may result in termination regardless of the time lapse before discovery. \_\_\_\_\_ Initials

**Note: An offer of employment is conditioned upon complying with Westchester Arc's requirements including, but not limited to signing a Consent to Conduct Investigation.**

MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_