



**Handicapped Children's Association of Southern NY, Inc.**

139 Grand Avenue  
Johnson City, NY 13790  
(607) 217-0066  
Fax: (607) 217-0069

 **EMPLOYMENT APPLICATION**

No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment. Federal and state laws prohibit discrimination in employment based on race, religion, gender, national origin, age, disability, marital status, veteran status, military obligations or association with any of the above. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

**(Please type or print)**

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

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Permanent Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

 **AGE & ELIGIBILITY**

Are you 18 years of age or older?      Yes      No

Are you either a US citizen or an alien with the legal right to work in the US?  
(You will be required to furnish proof of lawful work status if you are offered a job).      Yes      No

Do you have a valid driver's license?      Yes      No      Driver's License #: \_\_\_\_\_

 **TYPE OF EMPLOYMENT**

Residential/respite/reshab      Clinical      Education      Admin/Clerical      Any  
Full-time      Part-time      Substitute      Volunteer

Position(s) applying: \_\_\_\_\_

How were you referred? \_\_\_\_\_

Date you would be available to start work? \_\_\_\_\_

Do you have any objection to working overtime, if necessary?      Yes      No

Can you travel, if required by this position?      Yes      No

Have you been previously employed by our organization?      Yes      No

If yes, dates of employment and position(s) held:  
\_\_\_\_\_  
\_\_\_\_\_

 **EDUCATION**

**High School:**

High School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Degree: \_\_\_\_\_

**College:**

College Name: \_\_\_\_\_ College Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Degree(s): \_\_\_\_\_ Degree(s): \_\_\_\_\_

List any other Degree(s) License(s), Vocational or Trade Training you have:

\_\_\_\_\_  
\_\_\_\_\_

List any prior or current experience as an employee, volunteer or certified provider with OPWDD or any other State Agency or other provider of human services:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List other skills and qualifications:

\_\_\_\_\_  
\_\_\_\_\_

 **EMPLOYMENT HISTORY**

List below your work experience (starting with your present or most recent employer) for the last five years or your last four employers, whichever will provide us with the most and best information about you. Please account for all periods of unemployment in this section.

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Immediate supervisor/title: \_\_\_\_\_

Dates of employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Job summary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact?      Yes      No

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Immediate supervisor/title: \_\_\_\_\_  
Dates of employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_  
Job summary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact?      Yes      No

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Immediate supervisor/title: \_\_\_\_\_  
Dates of employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_  
Job summary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact?      Yes      No

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Immediate supervisor/title: \_\_\_\_\_  
Dates of employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_  
Job summary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact?      Yes      No



## EMPLOYMENT REFERENCES

List the names and telephone numbers of at least three work-related references and one personal reference (not related to you).

**Business 1:** \_\_\_\_\_

Name: \_\_\_\_\_ Years known: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Business 2:** \_\_\_\_\_

Name: \_\_\_\_\_ Years known: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Business 3:** \_\_\_\_\_

Name: \_\_\_\_\_ Years known: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Personal 1:**

Name: \_\_\_\_\_ Years known: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

 **CONVICTION INFORMATION**

Criminal convictions are not an absolute bar to employment, but will only be considered in relation to the specific job requirements of the position for which you have applied. An applicant for employment with a sealed record on file with the commissioner of probation may answer 'no' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer 'no' with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services, which did not result in a criminal conviction.

Have you been convicted of a felony?      Yes      No

If yes, give dates and explain:

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Do you have any criminal charges pending against you?      Yes      No

If yes, give dates and explain:

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Have you ever been convicted of a misdemeanor?      Yes      No

If yes, give dates and explain:

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 **PLEASE READ CAREFULLY AND SIGN THE STATEMENT BELOW**

I certify that the information given above is true and complete, and I understand that misrepresentation and/or withholding of information will result in the rejection of this application or my discharge if discovered after employment begins.

I authorize the Handicapped Children’s Association (HCA) to make inquiries regarding my history and character of prior employers and educational institutions, references, among others, and hereby release employers, educational institutions, or individuals from all liability in responding to inquiries in connection with my application and release HCA from all liability with respect to such inquiries.

I understand that if employed by HCA that I will be an employee “at will” and I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person’s need for a reasonable accommodation as required by ADA. I also understand that if I am offered employment, I will be required to successfully pass a drug test and background screening. I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

If I am employed, I agree to abide by HCA policies, rules and procedures and any changes thereto.

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

**Please read this carefully. It may impact upon your continued employment with Handicapped Children’s Assoc.**

Section 424-a of the New York State Social Services law requires this organization, as a provider of services for children in facilities certified by the Department of Health, to inquire whether anyone actively being considered for employment or consultancy who will have the potential for regular and substantial contact with children being cared for by the organization is the subject of an indicated report of child abuse or maltreatment on file with the State Central Register of Child Abuse and Maltreatment (Department of Social Services). This section of the law also requires us to make such an inquiry regarding an employee of an individual, corporation, partnership, or association which provides us with goods or services and who has or will have the potential for regular and substantial contact with children residing at a facility under the auspices of this organization.

This organization will make the required inquiry to the State Central Register regarding yourself, based on the position for which you have applied, are being considered, or which you currently occupy. If the result of this inquiry shows that you are the subject of an indicated report of child abuse or maltreatment, you will be notified of this by the State Central Register. This organization will also be advised of the findings.

If the State Central Register replies to our inquiry that you are the subject of an indicated report of child abuse or maltreatment, this organization must consider that factor, along with other background information, in determining whether to employ you, retain you as an employee, hire you as a consultant or to allow access to provide goods or services to this organization. You may be asked to provide details of the situation(s) that gave rise to the indicated report. You will also be asked to sign a release allowing this organization to receive a copy of the indicated report on file with the State Central Register. Your refusal to sign this release will be taken to mean that you do not wish us to further consider your application.

If you are denied employment, terminated as an employee, not hired as a consultant, or denied access to any of our facilities for the purpose of providing goods or services – and such denial is based, in whole or in part on the existence of an indicated report of child abuse or maltreatment, you will be provided a written statement explaining the reason for denial. You will also be informed, at that time, of your right, pursuant to Sections 22 and 424-a of the Social Service Law, to request a hearing before the New York State Department of Social Services on the indicated report on file with the State Central Register.

All information obtained through this process is confidential.

Given To: \_\_\_\_\_ **By Handicapped Children’s Association**  
Name of Applicant \_\_\_\_\_ Date \_\_\_\_\_ Name of Organization \_\_\_\_\_

**ACKNOWLEDGEMENT BY APPLICANT OF THE PROCESS WHEREBY THE APPLICANT’S HISTORY IN RELATION TO POSSIBLE CHILD ABUSE OR MALTREATMENT IS CHECKED AT THE STATE CENTRAL REGISTER**

I, \_\_\_\_\_ Please check: HAVE HAVE NOT  
Name of Applicant

Been a subject of an indicated report of child abuse or maltreatment (an indicated report of child abuse is a report on file with the State Central Register of the New York State Department of Social Services because some credible evidence exists to support that you have been involved in a case of child abuse and/or maltreatment). I have received notice of the requirements of Social Service Law 424-a, and I understand that if information regarding my past history with the State Central Register for Child Abuse and maltreatment is contained in a report from the Register, it will be used to determine my suitability to take a position that involves regular and substantial contact with children under eighteen years of age. I further understand that any misrepresentation of my status or of the information given will result in administrative action, which may include dismissal or discipline.

Applicant’s Signature \_\_\_\_\_ Date: \_\_\_\_\_