



Human Resources Department  
162 East Broadway  
Monticello, NY 12701

Dear Applicant:

Thank you for your interest in employment with The Arc Sullivan-Orange Counties New York.

Effective July 1, 2013, New York State Law states that prospective employees, volunteers, or operators who will have regular and substantial unsupervised or unrestricted contact with individuals with developmental disabilities must consent to having his/her fingerprints taken to have a criminal background check, child abuse registry check, Abuse/Neglect History check through OPWDD and a staff exclusion list (SEL) check performed. If you are offered a position, you will be contacted by the Human Resources Department to arrange a time to come in to begin the background check process.

By law you do have the right to obtain, review and seek correction of your criminal history record information under regulations and procedures established by the New York State Division of Criminal Justice Service.

The Arc Sullivan-Orange Counties New York would like to thank you in advance for your cooperation in the application process. If you have any questions, please contact the Human Resources Department of The Arc Sullivan-Orange Counties New York.

Sincerely,  
The Arc Sullivan-Orange Counties New York  
Human Resources Department



# Application for Employment

## SECTION I

Date \_\_\_/\_\_\_/\_\_\_ Position applied for \_\_\_\_\_

Referred by: Advertisement  (which one?) \_\_\_\_\_

Do any relatives work here? No  Yes  (name) \_\_\_\_\_

Relationship \_\_\_\_\_

## SECTION II

Name \_\_\_\_\_

Email \_\_\_\_\_  
last first middle  
Ph \_\_\_\_\_ / \_\_\_\_\_ Best time to reach you \_\_\_\_\_ am  pm   
home work

Address \_\_\_\_\_

Are your work records under another name/names? No  Yes  (specify) \_\_\_\_\_  
P.O. Box /Street city state zip

Have you previously filed an application with SullivanArc or Arc of Orange County? No  Yes  (dates) \_\_\_\_\_

Have you previously been employed by SullivanArc or Arc of Orange County? No  Yes  (dates) \_\_\_\_\_

Are you 18 or over? No  Yes  Available to start on \_\_\_\_\_

Schedule desired (check all that apply): Full time  Part time  Relief  Days  Nights  Evenings  Weekends

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

Are you legally eligible for employment in the U.S.A.? No  Yes

Have you ever been convicted of a crime? No  Yes  (date) \_\_\_\_\_

Do you have any pending criminal charges? No  Yes  (date) \_\_\_\_\_

Description of both  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a history of substantiated abuse on file in the OPWDD, OMH or DOH system? If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

## SECTION III

Please be advised that employment offers will be conditional for those positions that require driving. No firm offer will be made until verification of your license and driving history has been completed. Do you currently have a valid NYS or Out of State driver's license? \_\_\_ Yes \_\_\_ No If out of state, what state? \_\_\_\_\_ Number of Years Driving with Class D License: \_\_\_\_\_

Specify any moving violation within the last three (3) years and any suspensions, revocations, DWI/DUAI infractions, convictions, or any other vehicular accidents involving injury to persons or property.  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION IV**  
**Educational Experience**

Education	Name/Address of School	Did You Graduate?	Degree or Diploma
High School		Y <input type="checkbox"/> N <input type="checkbox"/>	
College		Y <input type="checkbox"/> N <input type="checkbox"/>	
Other		Y <input type="checkbox"/> N <input type="checkbox"/>	

**SECTION V**  
**Employment Experience** (if you need more space, use an additional sheet of paper)

Name & Address of Company	Date/Year		Salary		Reason for leaving	Name of Supervisor
	<i>From</i>	<i>To</i>	<i>Starting</i>	<i>Ending</i>		
<b>Describe the work you did:</b>						
<b>Telephone: ( )</b>						

Name & Address of Company	Date/Year		Salary		Reason for leaving	Name of Supervisor
	<i>From</i>	<i>To</i>	<i>Starting</i>	<i>Ending</i>		
<b>Describe the work you did:</b>						
<b>Telephone: ( )</b>						

Name & Address of Company	Date/Year		Salary		Reason for leaving	Name of Supervisor
	<i>From</i>	<i>To</i>	<i>Starting</i>	<i>Ending</i>		
<b>Describe the work you did:</b>						
<b>Telephone: ( )</b>						

**SECTION VI**  
**Other Work Experience**

List any other experiences, skills, qualifications, professional licenses you believe will be beneficial in considering your application.

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**SECTION VII  
Personal References**

List four names, NOT former employers or relatives

Name	Mailing Address	Area Code/Telephone

**SECTION VIII  
Please read and sign**

*I affirm that the facts set forth in my application are true and complete. I understand that if employed, any omission of facts or false statement on this application may result in my dismissal. I further understand that this application is not, and is not intended to be, a contract of employment nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party without notice, at any time, for any reason or no reason. No one other than an officer of the agency has any authority to enter into any agreement for any employment for any specific period of time or to make any agreement contrary to the foregoing and then only in a written signed statement by an officer.*

*I authorize The Arc Sullivan-Orange Counties to make inquiries and investigations of my person, employment history and other related matters as may be necessary in arriving at the employment decision. I hereby release employers, schools and persons from all liability in responding to inquiries in connection with my application.*

*I also understand that I am required to abide by all rules and regulations of the agency and that I will be required to provide proof of citizenship or work permit at time of employment.*

*I understand that any offer of employment is conditional pending the results of my Staff Exclusion List Check, Criminal Background Check, Abuse/Neglect History check through OPWDD, Child Abuse Registry Check and Driving Abstract, PPD and Employ Smart (Physical Assessment)*

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

**CORE VALUES**

- *The People We Support Come First*
- *Cultivating a Dynamic Workforce*
- *Demonstrating Trustworthiness and Honesty in Everything We Do*
- *Service at a Higher Level*
- *Positively Impacting the Community*

**OUR MISSION**

**To enable persons of all ages with disabilities to live as contributing members of the community by promoting:**

- Inclusion
- Independence
- Individualization
- Productivity
- Self-determination

**All items must be checked and this form completed, before offering this position.**

- All References**    **Forms:**  Last Employer    Previous Employer    Personal    **Phone References:**  #1    #2    #3    #4
- Copy of HS/GED/AA/BA/MA**    Documentation must be on hand before employee begins work.
- Human Resources** notified

Position offered? No  Yes  Title \_\_\_\_\_ Start Date \_\_\_\_\_ Shift \_\_\_\_\_

Bi-Weekly Hours \_\_\_\_\_ Replacement For: \_\_\_\_\_

Position offered by \_\_\_\_\_ Date \_\_\_\_\_

Salary \_\_\_\_\_ Cost Center \_\_\_\_\_ **NEW** Employee Phone Extension \_\_\_\_\_

Supervisor Assigned \_\_\_\_\_ Date \_\_\_\_\_

Program/Department Authorization \_\_\_\_\_ Date \_\_\_\_\_

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**FOR HUMAN RESOURCE USE ONLY**

Date Received _____
Date Sent to program _____
Program _____
Position _____
Date Returned to HR _____
Letter to Be Sent _____

The Arc Sullivan-Orange Counties does not discriminate in employment on the basis of race, color, religion, sex(including pregnancy and gender identity), national origin, political affiliation, sexual orientation, marital status, disability, genetic information, age, membership in an employee organization, retaliation, parental status, military service, or other non-merit factor.

# JOB APPLICANT WORK REFERENCE FORM

## ***1. Applicant Release***

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

Attention: \_\_\_\_\_

I have applied for a position with The Arc Sullivan-Orange Counties. The agency's selection process requires professional references.

Please accept this as my authorization to release the information requested on the Employer Verification form below.

I hereby release the above employer, school or person from all liability in responding to inquiries in connection with my application for employment with The Arc Sullivan-Orange Counties.

Name of Applicant (please print) \_\_\_\_\_

Signature \_\_\_\_\_

## ***2. Employer Verification***

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

Employed from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending salary \$ \_\_\_\_\_

Reason for separation: \_\_\_\_\_

Eligible for rehire  Yes  No

Reason: \_\_\_\_\_

Completed by \_\_\_\_\_ Title \_\_\_\_\_

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

<p><b>For Use By The Arc Sullivan-Orange Counties</b></p> <p>Confirmed Date _____ By whom _____</p>
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## ***3. Please Return to***

The Arc Sullivan-Orange Counties  
Human Resource Office  
162 East Broadway  
Monticello, NY 12701

**Note: The Arc Sullivan-Orange Counties will confirm all references by phone.**

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Reason for separation: \_\_\_\_\_

Eligible for rehire  Yes  No

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Confirmed Date \_\_\_\_\_ By whom \_\_\_\_\_

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# JOB APPLICANT PERSONAL REFERENCE FORM

*Applicant - please complete part 1 of this form and have your reference person fill out part 2.  
Please have both reference forms entirely completed with  
two separate references and submit both with your completed application.*

## ***1. Applicant Release***

Name of Reference \_\_\_\_\_  
Address \_\_\_\_\_

I have applied for a position with The Arc Sullivan-Orange Counties. The agency's selection process requires professional references. Please accept this as my authorization to release the information requested on the Personal Verification form below. I hereby release the above person from all liability in responding to inquiries in connection with my application for employment with The Arc Sullivan-Orange Counties.

Name of applicant (please print) \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

## ***2. Personal Verification***

Relationship to Applicant \_\_\_\_\_  
Length of time acquainted \_\_\_\_\_  
Please give a brief summary of the applicant's  
character: \_\_\_\_\_

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

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

***3. Please Return to:*** The Arc Sullivan-Orange Counties  
Human Resource Office  
162 East Broadway  
Monticello, NY 12701

<p><b>For Use By The Arc Sullivan-Orange Counties</b></p> <p>Confirmed Date _____ By whom _____</p>
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Address \_\_\_\_\_

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Name of applicant (please print) \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

## ***2. Personal Verification***

Relationship to Applicant \_\_\_\_\_  
Length of time acquainted \_\_\_\_\_  
Please give a brief summary of the applicant's  
character: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

***3. Please Return to:***      The Arc Sullivan-Orange Counties  
   Human Resource Office  
   162 East Broadway  
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<b>For Use By The Arc Sullivan-Orange Counties</b>	
Confirmed Date _____	By whom _____

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**CRIMINAL HISTORY RECORD and STAFF EXCLUSION LIST AND CHILD ABUSE  
REGISTRY CHECK CONSENT FORM**

I understand that The Arc Sullivan-Orange Counties is required to/authorized by New York State law to request a check of my criminal history record, the child abuse registry and the staff exclusion list and to review the results of the check.

**PLEASE READ EACH STATEMENT BEFORE SIGNING**

If I am an applicant for employment, I may withdraw my request without prejudice at any time before my application is accepted or declined regardless of whether my criminal history record information has been reviewed.

I have been informed that I have the right to obtain, review and seek correction of my criminal history record information under regulations and procedures established by the New York State Division of Criminal Justice Services and the Federal Bureau of Investigation.

I have been informed of the reason for the request for my criminal history record information.

I give consent to such request for a criminal history record check.

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

Mailing Address: \_\_\_\_\_  
Street/P.O. Box

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

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

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