Received By: Initials/Date

### 

### APPLICATION FOR EMPLOYMENT

**Warren Washington Albany ARC (WWAARC), chapter of The Arc New York**

**Warren Washington Location Albany Location**

**436 Quaker Road 334 Krumkill Road**

**Queensbury, NY 12804 Slingerlands, NY 12159**

***Please return the completed application in person or by mail to the address of the location you would like to be considered for.*** As an Equal Opportunity/Affirmative Action Employer, WWAARC will not discriminate in its employment practices due to an applicant’s race, color, religion, sex, national origin, veteran or disability status, sexual orientation, gender identity or other characteristic protected under applicable law.

Name: Date:

Please list any other name(s) or alias’s that you are known by that will enable us to check your work/school record:

Street:

City: State: Zip Code:

Phone Number: E-mail address:

Position Desired (required): Wage/Salary Desired:

Full Time: Part Time: Per Diem:

Are you 18 years of age or older? Are you authorized to work in the U.S.?

In accordance with New York State law, WWAARC may contact the Department of Social Services to determine whether the applicant is the subject of an indicated child abuse and maltreatment report.

Have you ever been the subject of an **indicated report of child abuse or maltreatment?** Yes No

If yes, please explain:

Have you ever been disciplined or terminated or asked to resign because of abuse or maltreatment of a child or adult?

Yes No If yes, please explain:

Have you ever been **convicted of a misdemeanor or a felony** in any jurisdiction? Yes No

Are there any pending criminal charges against you? Yes No

***If applicable, convictions and pending criminal charges will be discussed at time of interview. Conviction will not automatically disqualify an applicant from further consideration for employment.***

Absent need for leave for religious observances, are you willing to work:

Evenings: Weekends: Overnights: Weekday AM’s: Day:

Have you previously applied for work with us? If yes, when?

Were you previously employed by us? If yes, when?

**Who referred you to our agency?**



**RECORD OF EDUCATION**

|  |  |  |
| --- | --- | --- |
| **School** | **Name & Location** | **Did you graduate?** |
| High School |  |  |
| High School  Equivalency |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School** | **Name & Location** | **Course** | **Did you graduate?** | **Diploma or Degree** |
| College |  |  |  |  |
| Other |  |  |  |  |

**PERSONAL REFERENCES that will speak to your character**

**(Exclude Relatives & Previous Employers)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Address** | **Telephone Number** | **Years Known** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Please list all Licenses, Certificates, Professional Memberships, etc., if applicable**:

Has the Office of Professional Discipline of the New York State Education Department, the professional licensing board of another state, or any other body ever made a finding of professional misconduct against you, or entered into a settlement agreement with you? Yes (if yes, please describe) No

Is there a professional disciplinary proceeding currently pending against you in the Office of Professional Discipline, the professional licensing board of another state, or any other body? Yes No

If yes, please describe the nature of the charges and the status of the proceedings:

Please describe special skills or training that might aid you in performing duties of the position for which you are applying. **If none, please write none:**

Please describe any experience as an employee or volunteer or certified provider with the Office for People with Developmental Disabilities, or any other state agency or any provider of human services. **If none, please write none**:

Please describe any experience (including but not limited to childcare, elder care or care of individuals with developmental disabilities) relevant to the position for which you are applying. **If none, please write none:**

|  |  |  |
| --- | --- | --- |
| ***Please list at least the last 10 years of employment. Include all related experience in your employment history as well. Complete all applicable items, even if you have already submitted a resume (include month and year in all dates).*** | | |
|  | **From (**month/year) **To (**month/year) | **Employer** |
|  | Position | Address |
|  |  | **Reason for leaving** |
|  | Telephone number  ( ) | Name & title of supervisor or other professional that can verify work history |
|  | **Please explain any gaps between employment:** | |
|  | **From (**month/year) **To (**month/year) | **Employer** |
|  | Position | Address |
|  |  | **Reason for leaving** |
|  | Telephone number  ( ) | Name & title of supervisor or other professional that can verify work history |
|  | **Please explain any gaps between employment:** | |
|  | **From (**month/year) **To (**month/year) | **Employer** |
|  | Position | Address |
|  |  | **Reason for leaving** |
|  | Telephone number  ( ) | Name & title of supervisor or other professional that can verify work history |
|  | **Please explain any gaps between employment:** | |
|  | **From (**month/year) **To (**month/year) | **Employer** |
|  | Position | Address |
|  |  | **Reason for leaving** |
|  | Telephone number  ( ) | Name & title of supervisor or other professional that can verify work history |
|  | **Please explain any gaps between employment:** | |
|  | **From (**month/year) **To (**month/year) | **Employer** |
|  | Position | Address |
|  |  | **Reason for leaving** |
|  | Telephone number  ( ) | Name & title of supervisor or other professional that can verify work history |
| 3 | | |



**PLEASE READ CAREFULLY**

I certify that the information contained in this application and any accompanying documentation, and any information I provide throughout the hiring process is correct and complete to the best of my knowledge and belief. I realize that misrepresentation or omission of facts will be cause for rejection of this application or dismissal after employment, regardless of the timing or circumstances of discovery. I further understand that, should an offer of employment be extended by WWAARC, that employment will be “at will”, for no specified duration and may be terminated by myself or WWAARC at any time, with or without cause. No employee of WWAARC can enter into an employment contract for a specific period of time or make any agreement contrary to this policy without the written approval of the Board of Directors.

I understand that WWAARC reserves the right to ensure the health and safety of staff and the individuals served by requiring PPD screening.

I further agree that the WWAARC may contact all and any current and previous employers, schools, and references **at any time during the application process** for full information except as I have stated otherwise on this form. By this form, I hereby authorize, and direct employers, schools or persons named to give any information regarding my character, employment or education and hereby release said employers, schools or persons as well as WWAARC from all liability for any damages whatsoever in providing this information to WWAARC.

I understand that as a condition of regular employment with WWAARC, I must demonstrate that I am insurable for vehicle/liability insurance. I understand that, as a condition of any such regular employment, I must maintain this insurability, if applicable to the position.

I understand that, if I am applying for a position where I would have regular and substantial unsupervised, unrestricted physical contact with people receiving services, I must provide information statements and fingerprints necessary for a criminal history record check to be obtained and reviewed according to the requirements of sections 633.22. If the criminal history record information includes a conviction for one or more presumptive disqualifying crimes, the New York State Office for People with Developmental Disabilities shall issue a denial or direct WWAARC to issue a denial. I understand that I have the right to obtain, review, and seek corrections of my criminal history record information pursuant to regulations and procedures established by the New York State Division of Criminal Justice. I understand that I may withdraw my application for employment at any time before employment is offered or declined, regardless of whether WWAARC or I have reviewed my criminal history record information.

Has any government agency proposed that you be excluded from participating in a government program such as Medicare or Medicaid? No Yes

If yes, please describe the circumstances and indicate the period of exclusion:

**I HAVE CAREFULLY READ AND UNDERSTAND THE ABOVE STATEMENTS.**

SIGNATURE OF APPLICANT DATE



**For Informational Purposes Only**

***Please sign that you have read***

GENERAL JOB DESCRIPTION - DIRECT SUPPORT PROFESSIONAL

#### QUALIFICATIONS:

* 18 years of age
* High School Diploma or GED
* A valid driver’s license that meets WWAARC insurability standards, if applicable to the position.
* To secure and maintain all certifications and trainings required by WWAARC. This includes but is not limited to, Medication Administration, 1st Aid & CPR, Decision Driving, and SCIP-R.

HOURS: To work your scheduled hours at any WWAARC program when requested to do so by a manager, scheduler or on-call person. Report to work on time and as scheduled. This is an hourly, non-exempt position. SUPERVISED BY: Residence Manager/Assistant Residence Manager or designee(s)

JOB DUTIES:

1. Ensure the safety, health and welfare of those we support at all times.
2. Ensure consistent implementation of each person’s personalized support plan. This includes instructing and supporting the people we support to acquire daily living skills and participate in their community.
3. Perform cooking, housekeeping, and light maintenance duties as necessary. This may require pulling, pushing, lifting, reaching, squatting, kneeling, standing and bending.
4. Attend and participate in necessary meetings as requested.
5. Assist with routine medical appointments as requested an communicate effectively with health care professionals.
6. Transport the people we support in WWAARC’s vehicle as necessary as outlined in WWAARC policy.
7. Ensure implementation of WWAARC philosophy, goals and objectives.
8. Demonstrate safe work behaviors.
9. Medication Administration (if applicable)
10. Documentation of services and supports.
11. Follow dress code as per employee handbook. Staff are expected to wear clothing in good condition and should not bear any obscene or profane language or design.
12. Work collaboratively with colleagues to ensure the people we support receive the best care possible.
13. Acknowledge and respect differing perspectives and points of view.
14. Listen to others and ask questions to clarify understanding.
15. Demonstrate ability and willingness to adapt to changing needs of the people we support and the Agency.
16. Demonstrate consideration for and sensitivity to the people we support.
17. Awake shifts require alert, awake staff to ensure the safety of the people we support and to respond to any emergency situations that may arise.
18. Certain programs require a higher physical component and may require routine pulling, pushing, lifting, reaching, squatting, kneeling, standing and bending.
19. Perform other work-related duties as requested by the supervisor, Residential Program Director, Assistant Executive Director, Deputy Executive Director, Executive Director, or designee(s).

**Per Diem Direct Support Professionals**

All of the above applies to Per Diem Direct Support Professional with the exception of the following:

* + Medication Administration: Per diem staff are not required to take Medication Administration.
  + Hours: In addition, Per Diem staff must contact their supervisor at least bi-weekly. Per Diem staff are required to work a minimum of 16 hours every 4 weeks. Any exceptions must be in writing and approved by their supervisor.

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**Mission Statement**

WWAARC is respectfully committed to providing services, advocating for and offering opportunity to

individuals with intellectual and other developmental disabilities and their families by supporting them in the realization of their fullest potential.

**Vision Statement**

Our vision is to secure a future where all people with intellectual and other developmental disabilities are respected as full members of communities that embrace and celebrate the diversity of all people by connecting them with opportunity.

WWAARC is a chapter of The Arc New York and is closely governed by the Office for People with Developmental Disabilities (OPWDD). WWAARC operates the following programs:

**Residential Programs**

WWAARC operates residential programs throughout Warren, Washington & Albany Counties. We provide

supports for people who have an intellectual and other developmental disability. The level of assistance needed in each program varies from minimal supervision, to increased supervision and medical oversight, to people who have expanded medical/health oversight and/or behavioral needs.

**Supportive Living Program (SLP)**

SLP currently provides supports to people in apartment settings in Warren, Washington and Albany County. Currently we have approximately 14 apartments in Albany County and approximately 15 apartments in Warren & Washington Counties. These apartments provide residential supports to approximately 30 individuals. We assist people to live as independently as possible with the amount of staffing supports that suit their personal needs. We support people in many areas including: finances, banking, medical needs, grocery shopping, cooking, cleaning, accessing public transportation and offer a wide array of social opportunities.

**Family Support Services (FSS)**

This program enables WWAARC to provide several services, including in-home respite care, respite center(s),

in-home residential habilitation and out-of-the-home respite care. Family support services are designed to offer well needed breaks to at home caregivers and families.

**Day Habilitation**

WWAARC currently operates four daytime habilitation programs; two in Warren & Washington Counties and

two in Albany County (Slingerlands & Delmar). People are provided with the opportunity to fully participate in their community. The people we support plan day-to-day activities and increase their awareness of what their community has to offer. The people in this program also do volunteer work in the community. Activities are tailored to the needs of each person, to create an environment in which people can enjoy life’s experiences to the fullest. People with intellectual and other developmental disabilities live as fully included and contributing members of their community with the supports they need to participate in typical community events, activities, organizations and associations such as:

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* Shopping, packing and delivering for Meals on Wheels
* Stocking shelves, bagging items for the food pantry, and cleaning tables for the Salvation Army
* Serving lunches at the Colonie Senior Center
* Making cards for our military forces through “Soldiers Angels”
* Collecting bottles and cans to donate to local animal shelters
* Traveling to senior centers and nursing homes to perform music
* Cleaning at the NY State Museum
* Delivering left over bread from local Price Choppers to local homeless shelters

**Community Employment Program:**

The WWAARC Community Employment program is dedicated to assisting people with intellectual and other developmental disabilities who need additional support obtaining and maintaining employment. Our focus is to provide comprehensive placement services by conducting community-based assessments and using a person-centered approach. In addition to “on-the-job” coaching services, our program also provides additional benefits in career counseling, job development, intensive job training and ongoing support as needed.

**Food Service Program:**

The WWAARC Food Service Program is a full-service operation that offers training and employment

opportunities to people with intellectual or other developmental disabilities. There are currently three sub-components within the program; food service, catering and cafeteria operations. Food service employees simultaneously receive vocational training in all areas of food service, with a focus in a real work environment.

**Janitorial Services Program:**

The WWAARC Janitorial Services Program provides various employment opportunities for people with intellectual and other developmental disabilities throughout the Capital Region at Federal, State and private contract sites. Within the program, specific janitorial tasks are emphasized, quality assurance is a central focus and all skills required to successfully work and maintain employment in the community are addressed.

**Production/Vocational Training**

WWAARC offers people with intellectual and other developmental disabilities important opportunities and experiences for developing vocational and social skills while earning wages for productive work through Crossroads Industries; a full-service contract manufacturing business and bulk mailing facility. Our trained Staff assist people in the development of work skills and habits to improve their employability. Emphasis is on developing self-reliance and independence through skill building in the areas of attention to task, following directions, task completion, problem solving and safety on the job.

**I have read and understand the informational Direct Support Professional job description and agency description**.

Applicant Signature Date

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|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | **Applicant Consent Form for Fingerprinting for Justice Center Criminal Background Check (CBC)** | | | | **NYS Justice Center for the Protection of People with Special Needs (Justice Center)**  **Criminal Background Check Unit** | | | |
| **Part 1. Applicant Information (Please Print)** | | | | | | | | | | |
| Last  Name: | | | | First  Name: | |  | | | | MI: |
| Date of Birth: | | Applicant type: Employee Volunteer \_\_\_\_\_ | | | |  | Family Care | | Operator | |
| Applicant  address, city state: | | | | | | | Social Security Number: | | | |
| Facility/Provider Name: | | | | | | | | | | |
| **Part 2. Attestation** | | | | | | | | | | |
| 1. I have been advised that as part of the application process, the facility or provider agency listed above must request a background check with the NYS Division of Criminal Justice Services (DCJS) and the Federal Bureau of Investigation (FBI) and the Justice Center must review and evaluate the results received from DCJS and the FBI. A conviction for certain crimes may affect my suitability for employment in this position. 2. I consent to having my fingerprints taken and submitted to DCJS and the FBI and consent to the Justice Center sharing with the facility or 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 background check forwarded to the Justice Center 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.   1. I affirm that the fingerprints submitted will be my own and that the information I have provided is true, complete and | | | | | | | | | | |
| accurate.   1. I certify to the best of my knowledge that I: (check as appropriate)    1. \_ have not been convicted of a crime.    2. \_ have been convicted of a crime in NY or other jurisdiction.    3. \_ have pending arrest charges.   If (b) or (c) is checked, provide details:\_ \_ \_  \_ \_  \_ \_  \_ \_ | | | | | You have not been convicted of a crime if:   1. Your conviction was sealed; dismissed; reversed; resulted in a youthful offender (YO) or juvenile delinquency (JD) adjudication; resulted in a conviction for a non-criminal violation offense; or if you were acquitted; 2. you received an Adjournment in Contemplation of Dismissal (ACD) and the adjournment period has elapsed; or 3. you withdrew your plea after completing a treatment program, and were not convicted of a felony or   misdemeanor. | | | | | |
| 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 as required by Social Services Law and will be performed prior to the criminal history information check. | | | | | | | | | | |
| Applicant Signature |  | | | | | | | Date: | | |
| Guardian signature if under 18 |  | | | | | | | Date: | | |
| **Part 3** | **Facility or Provider Agency Authorized Person Information** | | | | | | |  | | |
| **Authorized Person Name:** |  | | | | | | | Title: | | |
| **Signature:** |  | | | | | | | Email: | | |

JC CBC 4 (3/17)

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**Equal Employment Opportunity Self-Identification**

**Applicant Survey**

Applicant Name:

Date:

Position Applied For:

### Survey of Race – Ethnic Group and Race

Our organization is an equal opportunity employer and government contractor. It has been and shall continue to be both the official policy and the commitment of the Company, including all its divisions to further equal employment opportunities in hiring or employment. Our organization is committed to the employment and advancement of minorities, females, individuals with disabilities, and veterans. No question on this form is intended to secure information to be used for such discrimination. 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.

Completion of this form is voluntary and in no way affects the decision regarding your employment opportunity. Our organization is required by federal regulations to report information as requested below. 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. You may inform us of your status related to the following data or your change in status at this time and/or any time in the future.

**Choose one in each category. Definitions below.**

|  |  |  |
| --- | --- | --- |
| Sex: | Male | Female |
| Ethnic Group: | Hispanic or Latino | Not Hispanic or Latino |
| Race: | Asian  Black or African American  American Indian or Alaska Native | Native Hawaiian or Other Pacific Islander  White  Two or More races |

**Definitions – Race / Ethnic Groups**

**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.

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**Applicant Survey**

**Survey of Protected Veteran Status**

This employer is a government contractor subject to the Vietnam Era Veterans’ Readjustment Assistance Act of 1974, as

amended (Section 4212), which requires government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. Our affirmative action policy prohibits discrimination and requires us to take affirmative action to employ and advance in employment qualified protected veterans at all levels of employment. The below invitation is made pursuant to this policy.

Disclosure of this information is voluntary and refusing to provide it will not subject you to any adverse treatment. The information will be used only in ways that are consistent with Section 4212. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you

may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if

not for the absence due to service. For more information, call the U.S. Department of Labor’s Veterans Employment and Training Service (“VETS”), toll-free, at 1–866–4–USA–DOL.

**INVITATION TO SELF-IDENTIFY**

**PLEASE ANSWER THE FOLLOWING QUESTIONS**

Do you identify as one (or more) of the following protected veteran categories? Categories and definitions below.

*Please check the appropriate box below this section. NOTE: You do not have to indicate which specific category applies.* **Disabled Veteran**: (i) a veteran of the U.S. military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veteran Affairs; or (ii) a person who was discharged or released from active duty because of a service-connected disability.

**Recently Separated Veteran**: any veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval, or air service.

**Armed Forces Service Medal Veteran**: a veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces medal was awarded pursuant to Executive Order 12985.

**Active Duty Wartime or Campaign Badge Veteran**: a veteran who served on active duty in the U.S. military, ground, naval, or air service either during a “period of war” as defined below or in a campaign or expedition for which a campaign

badge has been authorized under the laws administered by the Department of Defense.

**“Period of war”** is defined for these purposes by the Department of Labor as:

* June 27, 1950 to January 31, 1955 (Korean conflict)
* February 28, 1961 to May 7, 1975 (for veterans serving in the Republic of Vietnam)
* August 5, 1964 to May 7, 1975 (for all other veterans who served during the Vietnam conflict)
* August 2, 1990 to the present (Gulf War)

##### If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

o I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE.

o I AM NOT A PROTECTED VETERAN.

o I DECLINE TO ANSWER.

Applicant Name: Date:

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Voluntary Self-Identification of Disability

Form CC-305 OMB Control Number 1250-0005  
Page 1 of 1 Expires 05/31/2023

Name: Date:

Employee ID:

(if applicable)

|  |
| --- |
| Why are you being asked to complete this form? |

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor’s Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](https://www.dol.gov/agencies/ofccp).

|  |
| --- |
| How do you know if you have a disability? |

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

* Autism
* Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
* Blind or low vision
* Cancer
* Cardiovascular or heart disease
* Celiac disease
* Cerebral palsy
* Deaf or hard of hearing
* Depression or anxiety
* Diabetes
* Epilepsy
* Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
* Intellectual disability
* Missing limbs or partially missing limbs
* Nervous system condition for example, migraine headaches, Parkinson’s disease, or Multiple sclerosis (MS)
* Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

|  |  |  |
| --- | --- | --- |
| Please check one of the boxes below: | | |
| **☐** | Yes, I Have A Disability, Or Have A History/Record Of Having A Disability |
| **☐** | No, I Don’t Have A Disability, Or A History/Record Of Having A Disability |
| **☐** | I Don’t Wish To Answer |

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

Signature Date

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**Information for Requesting Information About an Accommodation**

The Company has appointed the following individual(s) as the official(s) responsible for processing requests for reasonable accommodation from applicants and employees with disabilities:

|  |  |
| --- | --- |
| Name | Lisa St. John, PHR SHRM-CP |
| Title | Assistant Executive Director of Human Resources |
| Office Phone | 518-793-4204 |
| Email | [lisa.stjohn@caparcny.org](mailto:lisa.stjohn@caparcny.org) |
| Mailing Address | 436 Quaker Road  Queensbury, New York 12804 |
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**STATEMENT CONCERNING DRIVING RECORD**

The undersigned states the following concerning their driving record.

1. Have you had a valid driver’s license for the past year*?*

Yes No

1. Have you during the last three years had a conviction for a moving violation of the Vehicle and Traffic Law?

Yes No

1. Have you ever had your driving privileges either suspended or revoked?

Yes No

1. Have you ever been convicted of Driving While Intoxicated or Driving While Ability Impaired?

Yes No

1. Have you ever been involved in a personal injury action or property damage incident involving any harm to persons or property while driving?

Yes No

**If yes to any of the above questions, please explain:**

Applicant’s Signature Date



**Warren Washington Albany ARC (WWAARC), a chapter of The Arc New York**

**Warren Washington Location, 436 Quaker Road, Queensbury, New York, 12804**

**Albany Location, 334 Krumkill Road, Slingerlands, NY 12159**

**Federal Drivers Privacy Protection Act** **Authorization to Obtain Motor Vehicle Records**

For the sole purposes of determining and evaluating my motor vehicle operating record and in accordance

with State and Federal regulations, I

(Name of applicant or employee)

#### authorize Warren Washington Albany ARC (WWAARC), a chapter of The Arc New York to obtain

my Motor Vehicle Record. I understand that this record may contain personal information\* in addition to any/all driver violations and/or accidents, which may be on record through the Department of Motor Vehicles of whatever State in which I have most recently resided.

I understand that as part of the application process for employment, WWAARC may order Motor Vehicle Records, through its insurance company and/or the Department of Motor Vehicles in connection with my application for employment. I also authorize WWAARC to provide my Motor Vehicle Record to insurance companies and to Local, State and/or Federal agencies or authorities as may be required or permitted by law.

Should I be hired by WWAARC for employment, I understand that as a condition of regular employment with WWAARC, I must demonstrate my continued insurability with respect to vehicle/liability insurance. I understand, acknowledge and authorize WWAARC to obtain a photocopy my current driver’s license. I further authorize WWAARC and/or its vehicle/liability insurance company to perform checks and obtain reports of my driving record, on a regular basis with the New York State Department of Motor Vehicles or other State DMVs, as the case may be. I understand that as a condition of any such regular employment, I must maintain my insurability with respect to vehicle/liability insurance.

I understand that I may request to know whether a Driver Vehicle Report was ordered, and WWAARC agrees to provide, upon my request, the name and address of the agency that furnished the report or information.

Signature of Applicant or Employee Date Signed

|  |  |  |
| --- | --- | --- |
|  | | |
| Print Name as it appears on License | | |
| Driver License or ID Card Number (**Print Clearly**) | State | Date of Birth |
| Mailing Address | Property Address | |

**\*Personal Information -** means information that identifies an individual, including an individual’s photograph, social security number, driver identification number, name, address (but not the 5-digit zip code), telephone number and medical or disability information, but does not include information on vehicular accidents, driving violations and driver status.



### FEDERAL DRIVER PRIVACY PROTECTION ACT

**Authorization to Obtain Motor Vehicle Record**

#### Date:

For the sole purpose of the determination and evaluation of my motor vehicle operating record and pursuant to State and Federal regulations of compliance,

I, authorize WWAARC to obtain my Motor Vehicle Record from OneGroup NY Inc. I understand that this record may contain personal information concerning any/all driver violations and/or accidents which may be on record through the New York State Department of Motor Vehicles.

In addition, should my application be accepted for employment and/or upon my employment as an employee for WWAARC , I further authorize ANY/ALL additional requests for my Motor Vehicle Record be submitted and reviewed as needed for the sole purpose of my continued evaluation and eligibility standards under State and Federal regulatory compliance requirements.

Signature:

Date Signed:

Driver ID Number:

Date of Birth: