



Empty rectangular box for initials and date.

APPLICATION FOR EMPLOYMENT

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

Warren Washington Location
436 Quaker Road
Queensbury, NY 12804

Albany Location
334 Krumkill Road
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



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



**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

- 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.
- 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.
- 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.
- 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.
- 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.
- I affirm that the fingerprints submitted will be my own and that the information I have provided is true, complete and accurate.
- I certify to the best of my knowledge that I: (check as appropriate)
 - _____ have not been convicted of a crime.
 - _____ have been convicted of a crime in NY or other jurisdiction.
 - _____ have pending arrest charges.
 If (b) or (c) is checked, provide details: _____

- 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.

You have not been convicted of a crime if:

- 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;
- you received an Adjudgment in Contemplation of Dismissal (ACD) and the adjournment period has elapsed; or
- you withdrew your plea after completing a treatment program, and were not convicted of a felony or misdemeanor.

Applicant Signature		Date:
Guardian signature if under 18		Date:
Part 3	Facility or Provider Agency Authorized Person Information	
Authorized Person Name:		Title:
Signature:		Email:



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:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Ethnic Group:	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino
Race:	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White
	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> 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.



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.

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

I AM NOT A PROTECTED VETERAN.

I DECLINE TO ANSWER.

Applicant Name: _____ Date: _____

Voluntary Self-Identification of Disability

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I 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:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date



Voluntary Self-Identification of Disability

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

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.

End of Form: Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020

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
Mailing Address	436 Quaker Road Queensbury, New York 12804



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 _____

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

Yes _____

No _____

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

Yes _____

No _____

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

Yes _____

No _____

5. 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: _____