Dear Applicant,

We would like to take this time to thank you in advance for filling out an application with Disabled Persons Action Organization. Please fill out the entire application using “N/A” if it does not apply to you. Along with your completed application, you must submit 3 (three) pre-completed personal references from persons who are not related to you and who are not previous employers. If needed, you may use the sample personal reference forms that are attached at the end of this application (if these forms are used, please fill out the area specified for the applicant to complete). The work reference forms should be filled out in the area specified for the applicant to complete; they will be used to contact your previous employers unless otherwise noted (if you have listed a job on the application and you do not want us to contact them, please inform us in writing on the application).

Detailed below is the hiring process for new applicants, our agency training schedule, contact information and other conditions of employment. Please read all information and contact the appropriate staff with any questions you may have.

Sincerely,

Molly Fitzpatrick Human Resources

**All applicants of Disabled Persons Action Organization are required to submit to the following background checks:**

* **Staff Exclusion List Check**: Checks the Vulnerable Persons Central Registry of the N.Y.S. Justice Center for any serious acts of abuse by the applicant.
* **MHL §16.34 ABUSE/NEGLECT History Check**: The Office for People With Developmental Disabilities conducts a check of records of substantiated allegations of abuse and neglect that occurred or were discovered prior to June 30th, 2013 and that involve the applicant.
* **N.Y.S Office of Children and Family Services Background Check**: The collection of the data requested is used to determine whether or not the applicant is the subject of an indicated child abuse or maltreatment report. (Please note: If the individual(s) you serve is 18 years of age or older, you will not have to submit to the N.Y.S. Office of Children and Family Services Background Check)
* **N.Y.S. Justice Center Criminal Background Check**: Applicants will be fingerprinted in order for the Justice Center to determine whether or not their criminal history (if any) disqualifies them from working with adults/children with developmental disabilities.
* Once clearance through all oversight agencies is received, each employee will require our agency Corporate Compliance training.

**Training Requirements:** In order to attend the scheduled training, favorable fingerprinting results must be received by the second Tuesday of each month.

Employees providing direct care to individuals will attend 4 (four) days of training on-site with Disabled Persons Action Organization to include: New Staff Orientation, CPR & First Aid and S.C.I.P. training. Training is offered once monthly and is held at the administration building located at 617 Davidson Street in Watertown. You will be notified of your training dates/times at the time your fingerprinting appointment is scheduled. You may not have substantial, unsupervised contact with any individual until all of the above-mentioned training has been completed. Please plan accordingly to attend the mandatory dates for on-site training as it is only offered once monthly.

When meeting with Human Resources, you will need to bring two forms of identification and be prepared to complete New York State and Federal tax forms.

\*Please note: All staff that work directly with individuals will be required to attend the Agency’s annual training day each summer. This training is mandatory.

**PPD Requirement:**  A current (within the past 12 months) PPD will be required of all employees that will have contact with individuals. If you do not have a record that is up to date, a test will have to be administered and read prior to employment. O.P.W.D.D. requires 2 negative PPD tests within 12 months of each other. Once the two-step PPD has been completed, no further tests will need to be administered throughout your employment with our agency. Disabled Persons Action Organization will reimburse applicants for the cost of the test if it is administered and read at a County Public Health facility. You may not begin work until the results of a qualifying test have been received and reviewed by Human Resources.

**Please return to:** Disabled Persons Action Organization 617 Davidson Street Watertown, NY 13601 ATTN: Human Resources

**Disabled Persons Action Organization is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.**

Date of Submission: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_

Position Applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referral Source: □ Advertisement □ Friend (Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) □ Relative □Walk-In □ Employment Agency □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [LAST] [FIRST] [MIDDLE]

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [NUMBER] [STREET] [CITY] [STATE] [ZIP CODE]

**Telephone:** Home (\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_ Mobile (\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_

**Email Address:** ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Optional]

If employed and you are under 18, can you furnish a work permit? □ Yes □ No

Have you filed an application here before? □ Yes □ No (If yes, date? \_\_\_/\_\_\_/\_\_\_ )

Have you ever been employed here before? \_\_\_\_ Yes \_\_\_\_ No (If yes, date? \_\_\_/\_\_\_/\_\_\_ )

Are you employed now? □ Yes □ No

May we contact your present employer? □ Yes □ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? □ Yes □ No (Proof of citizenship or immigration status will be required upon employment)

On what date would you be available to start work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which of the following are you available to work: □ Full Time □ Part Time □ Shift Work □ Temporary

Are you on a lay-off and subject to recall? □ Yes □ No

Can you travel if a job requires it? □ Yes □ No

Please provide your availability for each of the days:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|  |  |  |  |  |  |  |

* Have you ever been convicted of a felony? □ Yes □ No (Conviction will not necessarily disqualify applicant from employment)
* Have you ever been convicted of a misdemeanor? □ Yes □ No (Conviction will not necessarily disqualify applicant from employment)
* Are you currently under arrest? (Pending a misdemeanor or felony) □ Yes □ No
* Have you ever been involved in a vehicular accident? □ Yes □ No
* Have any vehicular accidents you may have been involved in resulted in any harm to a person or damage to any property? □ Yes □ No
* Have you ever received a ticket, infraction, or any moving violation in regards to a vehicle? □ Yes □ No (A vehicle citation will not necessarily disqualify any applicant from employment)

If you have answered yes to any of these questions, please explain in the space provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which include race, color, religion, gender, national origin, handicap or any other protected status. **Please list all contact information for each employer listed as they will be contacted to attest to your job performance unless otherwise noted.**

|  |  |
| --- | --- |
| Employer: | |
| Street Address: | City, State, Zip: |
| Job Title: | Telephone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_\_ |
| Supervisor: | Work Performed: |
| Dates Employed: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ |
| Reason for leaving: |
|  |  |

|  |  |
| --- | --- |
| Employer: | |
| Street Address: | City, State, Zip: |
| Job Title: | Telephone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_\_ |
| Supervisor: | Work Performed: |
| Dates Employed: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ |
| Reason for leaving: |
|  |  |

|  |  |
| --- | --- |
| Employer: | |
| Street Address: | City, State, Zip: |
| Job Title: | Telephone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_\_ |
| Supervisor: | Work Performed: |
| Dates Employed: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ |
| Reason for leaving: |
|  |  |

|  |  |
| --- | --- |
| Employer: | |
| Street Address: | City, State, Zip: |
| Job Title: | Telephone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_\_ |
| Supervisor: | Work Performed: |
| Dates Employed: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ |
| Reason for leaving: |

**(If you need additional space, please continue on a separate sheet of paper)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Institution Name** | **Years Completed** | **Degree/Diploma** | **Field of Study** |
| **High School** |  |  |  |  |
| **College/University** |  |  |  |  |
| **Graduate/Professional** |  |  |  |  |
| **Additional** |  |  |  |  |

EDUCATION

**(HIGH SCHOOL DIPLOMA OR G.E.D. IS REQUIRED)**

State any additional information you feel may be helpful to us in considering your application: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Indicate Languages you speak, read, and/or write:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **FLUENT** | **GOOD** | **FAIR** |
| **SPEAK** |  |  |  |
| **READ** |  |  |  |
| **WRITE** |  |  |  |

List professional, trade, business or civic activities and offices held. (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap or any other protected status) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Veteran of the U.S. Military Service? \_\_\_\_ Yes \_\_\_\_ No (If yes, Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps:** Government contractors are subject to 38 USC 2012 of the Viet Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment all qualified disabled veterans of the Vietnam Era, and section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment all qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap you are invited to volunteer this information, which will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please indicate your classification and sign: □ Handicapped Individual □ Disabled Veteran □ Vietnam Era Veteran

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Signature of Applicant]

PERSONAL RERENCES

When submitting your application, please provide 3 (three) completed personal references from persons who are not related to you and who are not previous/current employers. If needed, a sample reference sheet is included at the end of this application.

SPECIAL SKILLS & QUALIFICATIONS Summarize special skills and qualifications acquired from employment or other experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If there is any additional information you wish to have considered, please list below: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT’S STATEMENT I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary n arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any other application wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at the time.

I understand that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Signature of Applicant] [Date]