



APPLICATION FOR EMPLOYMENT

Please TYPE or PRINT clearly. This application must be completed and signed personally by the applicant. If this application is submitted by fax or email, it must be followed by a signed original. Each question must be answered in full. If answer is no or none, indicate same. We appreciate your interest in our Agency.

Name: _____ Date: _____

Address: _____
Street City State Zip

Phone: _____ Social Security # _____

Email Address: _____

Position Applied For: _____

Date Available for Work: _____

Employment Desired: [] Full Time [] Part Time [] Temporary [] Summer

Have you ever been employed with AccessCNY, Enable, or TLS? [] Yes [] No

If yes. Give dates, position(s) and Agency _____

Are you legally eligible for employment in the United States? (Proof of citizenship or immigration status will be required upon employment.) [] Yes [] No

Are you 18 years of age or older? [] Yes [] No If no, can you furnish a work permit? [] Yes [] No

Americans with Disabilities Act Clarification: A job description has been provided. Can you perform the essential job functions for the position you have applied for with or without reasonable accommodation? [] Yes [] No

Have you ever been convicted of a felony or misdemeanor? [] Yes [] No

If yes, please list the specific nature and details of the crime(s), date(s), court location, sentencing information and disposition of sentence _____

Are there any pending criminal charges against you in any Jurisdiction? [] Yes [] No

If yes, provide details. _____

Have you ever been the subject of an investigation, or convicted of patient abuse, or fraud or abuse relating to healthcare or the delivery of health care, including, but not limited to, Medicare or Medicaid fraud? [] Yes [] No

If yes, provide details. _____

Have you ever been investigated by the Bureau of Licensing (or similar authority) or lost or had suspended a professional license for any period of time in New York State or elsewhere? [] Yes [] No

If yes, provide details. _____

EMPLOYMENT HISTORY - Start with most recent (or present) job. List **complete** information including zip codes, phone numbers, supervisors, employment dates (month/year), job titles, reasons for leaving, etc.

Employer: _____ Phone #: _____

Address: _____

Supervisor Name: _____

Employment Dates: _____ Job Title: _____

Brief Summary of Job: _____

Full Time or Part Time? (If Part Time please state hours worked per week): _____

Reason for Leaving: _____

Starting Salary: _____ Final Salary: _____

Employer: _____ Phone #: _____

Address: _____

Supervisor Name: _____

Employment Dates: _____ Job Title: _____

Brief Summary of Job: _____

Full Time or Part Time? (If Part Time please state hours worked per week): _____

Reason for Leaving: _____

Starting Salary: _____ Final Salary: _____

Employer: _____ Phone #: _____

Address: _____

Supervisor Name: _____

Employment Dates: _____ Job Title: _____

Brief Summary of Job: _____

Full Time or Part Time? (If Part Time please state hours worked per week): _____

Reason for Leaving: _____

Starting Salary: _____ Final Salary: _____

NOTE: We may contact the employers listed above unless you indicate those you do not want us to contact. List employers you do not want contacted and reason here:

Skills and Qualifications: Indicate any special job-related skills & qualifications.

Comments: (Additional information including explanation of any gaps in employment.)

EDUCATIONAL BACKGROUND:

High School:

Address: _____

Did you graduate? Yes No

GED:

State Obtained: _____

College:

Address: _____

Did you graduate? Yes No

Number of years completed: _____

Type of Degree or Diploma: _____

Other (Trade School or Graduate School):

Name of School: _____

Address: _____

Did you graduate? Yes No

Number of years completed: _____

Type of Degree or Diploma: _____

Type of professional licensure: _____

License Number: _____ Expires: _____

Issued by: _____

Professional certification: _____

Certificate Number: _____ Expires: _____

Issued by: _____

DRIVER'S LICENSE INFORMATION - Only complete this section if the position you are applying for requires a driver's license.

Driver's License Number _____

State issuing: _____ Expires: _____

List any moving violations within the last three (3) years:

List any suspension, revocation, DWI, convictions, or any occurrence involving harm to any person or property:

ADDITIONAL REFERENCES: List name, complete address and daytime telephone number of two personal references who are not related to you.

Personal Reference Name: _____

Address: _____

Daytime Phone: _____ Number of Years Known: _____

Personal Reference Name: _____

Address: _____

Daytime Phone: _____ Number of Years Known: _____

If you are known by another name to past employers or schools, please list name here (include maiden name, nickname, etc): _____

AccessCNY is an Equal Opportunity Employer and subscribes to all Federal and State statutes which prohibit discrimination. The Agency considers all applications without regard to race, religion, creed, color, sex, age, national origin, disability, sexual orientation, marital or familial status, pregnancy, military status, veteran status, predisposing genetic characteristics or carrier status, arrest or conviction record, domestic violence victim status, or any other protected class or status. Applicants requiring a reasonable accommodation to participate in the application and/or interviewing process are encouraged to contact the Human Resource Department. The Agency reserves the right to reject individuals for employment regarding job related convictions.

APPLICANT'S STATEMENT: After a conditional offer of employment, I authorize an investigation of any information provided on this employment application, as well as, local, state, and federal requirements (based on employment position). I understand that any misrepresentation is cause for voiding this employment application or termination of employment if hired. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated at any time without any prior notice.

REQUEST AND RELEASE FOR INFORMATION: I hereby authorize AccessCNY to contact the references designated on my application. Photographic copies of this release shall be as valid as the original. I agree not to take any action against prospective or past employers providing information about me.

Print name: _____

Signed: _____

Date: _____

THIS APPLICATION WILL REMAIN ACTIVE FOR ONE YEAR.

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