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| **AccessCNY Logo**  1603 Court Street, Syracuse, New York 13208  Phone (315) 455-7591 • FAX (315) 454-6318 •TTY (315) 455-1794 • [www.accesscny.org](http://www.accesscny.org) | | | | | | | | |
| **APPLICATION FOR EMPLOYMENT** | | | | | | | | |
| Please **TYPE** or **PRINT** clearly. To be considered for employment, this Employment Application must be completed and signed personally by the applicant. Each question must be answered in full, even if a resume is provided. If an answer is NO or NOT APPLICABLE, indicate such.  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 a person's race, religion, creed, color, sex, age, national origin, disability, sexual orientation, gender identity or expression, transgender status, gender dysphoria, marital status, family status, pregnancy, military status, veteran status, genetic information including predisposing genetic characteristics or carrier status, arrest or conviction record, domestic violence victim status, or any other legally 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. | | | | | | | | |
| **BIOGRAPHICAL DATA** | | | | | | | | |
| Name (First, Middle, Last) | | | Date (mm/dd/yyyy) | | | | | |
| If you are known by another name to past employers or schools, please list name here (include maiden name, nickname, etc): | | | | | | | | |
| Telephone Number | | | Cell Phone Number | | | | | |
| Street Address | | | | | | | | |
| City | | State | | | | Zip Code | | |
| Email Address | | Last 4 Digits of Social Security # | | | | | | |
| Position Applied For | | | | | Date Available to Begin Work | | | |
| Employment Desired  Full-Time  Part-Time  Temporary  Summer  Relief | | | | | | | | |
| Have you ever been employed with AccessCNY, Enable, Transitional Living Services, or Spaulding Support Services? If yes, please complete the box(es) below. | | | | | | | Yes  No | |
| Agency Name: | Position: | | | Date To (MM/YY): | | | | Date From (MM/YY): |
| Agency Name: | Position: | | | Date To (MM/YY): | | | | Date From (MM/YY): |
| Are you legally eligible for employment in the United States?  *Employment eligibility will be verified upon employment.* | | | | | | | Yes  No | |
| Are you 18 years of age or older? | | | | | | | Yes  No | |
| If you have had an opportunity to review a job description for the position for which you are applying, can you perform the essential functions of this job with or without reasonable accommodation? (check N/A if you have not reviewed a job description) | | | | | | | Yes  No   N/A | |

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| **EMPLOYMENT HISTORY**  Provide employment information, including military service, starting with the most recent employer first. | | |
| **Present or Last Employer** | | |
| Name of Employer | | Phone Number |
| Address | | City / State / Zip |
| Employment Dates Start Date (Month/Year) | | End Date (Month/Year) |
| Full-Time or Part-Time? (If Part-Time, please state hours per week) | | |
| Title of Position | Name and Title of Supervisor | |
| Brief description of duties and responsibilities | | |
| Reason for leaving | | |
| **Next Previous Employer** | | |
| Name of Employer | | Phone Number |
| Address | | City / State / Zip |
| Employment Dates Start Date (Month/Year) | | End Date (Month/Year) |
| Full-Time or Part-Time? (If Part-Time, please state hours per week) | | |
| Title of Position | Name and Title of Supervisor | |
| Brief description of duties and responsibilities | | |
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| Employment Dates Start Date (Month/Year) | | End Date (Month/Year) |
| Full-Time or Part-Time? (If Part-Time, please state hours per week) | | |
| Title of Position | Name and Title of Supervisor | |
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| **Next Previous Employer** | | |
| Name of Employer | | Phone Number |
| Address | | City / State / Zip |
| Employment Dates Start Date (Month/Year) | | End Date (Month/Year) |
| Full-Time or Part-Time? (If Part-Time, please state hours per week) | | |
| Title of Position | Name and Title of Supervisor | |
| Brief description of duties and responsibilities | | |
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| **NOTE:** We may contact the employers listed unless you indicate those you do not want us to contact. List employers you do not want contacted and reason here: | | | | | | | | | | | | | |
| **Comments:** (Additional information including explanation of any gaps in employment.) | | | | | | | | | | | | | |
| **EDUCATIONAL BACKGROUND** | | | | | | | | | | | | | |
| **Type of School Attended** | **School Name**  **City and State** | | | | **# of**  **Years Completed** | | **Did you**  **Graduate?** | | **Diploma or Degree Obtained** | | | | |
| High School |  | | | |  | | Yes  No | |  | | | | |
| College |  | | | |  | | Yes  No | |  | | | | |
| GED | Yes  No State Obtained | | | | | | | | | | | | |
| Other (Trade School or Graduate School) | |  | | |  | | Yes  No | |  | | | | |
| **SKILLS** | | | | | | | | | | | | | |
| List any additional skills, training, and/or technical/professional knowledge that is relevant to the job for which you are applying: | | | | | | | | | | | | | |
| List any certificates, licenses, or professional achievements that would support your qualifications for employment (for professional licensure or certification, please list license number, expiration date, and issued by): | | | | | | | | | | | | | |
| License Number | | | Expiration Date (mm/dd/yy) | | | | | Issued By | | | | | |
| License Number | | | Expiration Date (mm/dd/yy) | | | | | Issued By | | | | | |
| Do you have a valid New York State Driver’s License? (Answer ONLY if it is a requirement of the position for which you are applying) | | | | | | | | | | | Yes  No | | |
| **REFERENCES (List three references other than relatives)** | | | | | | | | | | | | | |
| Name | | | | | | Daytime Phone Number | | | | | | | |
| Address | | | | City | | | | | | State | | Zip | Years Known |
| Name | | | | | | Daytime Phone Number | | | | | | | |
| Address | | | | City | | | | | | State | | Zip | Years Known |
| Name | | | | | | Daytime Phone Number | | | | | | | |
| Address | | | | City | | | | | | State | | Zip | Years Known |

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| **CONVICTION RECORD STATUS** | | | | | |
| All applicants and employees must, as a condition of employment, inform the Agency of all convictions. This includes all convictions received within the past seven years, while your Application for Employment is pending, and within seven days of receiving a conviction if currently employed.  Have you been convicted of, and/or plead guilty to, a felony or misdemeanor in the past seven years?  Yes  No  Do you have any pending criminal charges against you at this time?  Yes  No  If you answered ‘yes’ and have been convicted of a felony or misdemeanor, please provide additional information below, such as the crime(s), date(s), court location, sentencing information, disposition of sentence, and rehabilitation completed. Only job-related convictions will be considered and will not automatically disqualify an applicant. Employment decisions based on a conviction take into consideration many factors, including but not limited to, age and date of conviction, the extent to which the offense relates to the functions of the particular job, the seriousness of the offense, rehabilitation, etc. The Agency reserves the right to reject individuals for employment based on job-related convictions. | | | | | |
| **Date of Offense (mm/dd/yy)** | **County and State in which Offense Occurred** | **Conviction/Explanation** | | **Rehabilitation Completed** | |
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| **PLEASE READ CAREFULLY AND SIGN BELOW** | | | | | |
| I hereby certify that all of the information I have provided on this Employment Application is true and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts will disqualify me from further consideration of employment, withdrawal of any offer of employment or termination of employment, if already hired.  I authorize verification of all the information I have provided on this Employment Application and understand that additional information may be needed to consider my Application for Employment. I authorize all previous employers, educational institutions, references, and other persons who have knowledge of me or my records to provide any and all information pertinent to my employment and release the same from any liability resulting from providing such information. I also release this Agency and all of its employees from all liability for any damage that may result from reliance on the information furnished.  I understand that if employed, I am required to abide by all policies, procedures, rules, and regulations of the Agency. I also understand and agree that, if hired, my employment is “at-will” and is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated by myself or the Agency at any time with or without cause or notice. | | | | | |
| Printed Name | | |  | |  |
| Signature of Applicant | | |  | |  |
| Date | | |  | |  |
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***THIS EMPLOYMENT APPLICATION WILL REMAIN ACTIVE FOR ONE YEAR.***

Rev. 7/98, 6/99mw, 10/00amc, 4/03cjw, 4/21/05mvw, 4/06amc, 1/08cjb, 1/15 cjb, 4/15 cjb, 12/15 cjb, 11/2018cjb, 7/2019cjb