



THE ADIRONDACK ARC
12 Mohawk Street, Tupper Lake, New York 12986-1028
(518) 359-3351 (518) 359-7820 Fax

EMPLOYMENT APPLICATION

Full Legal Name:	Maiden/Other Name(s):
Street Address:	
City, State, Zip:	
Mailing Address (if different):	

Telephone Number:	Email Address:
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Today's Date:	Position Applying For:
Are you 18 years of age or older?	

Do you have a high school diploma/GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, state name/location of school.	
Other Education: (Please indicate schools attended, and types of degrees.)	

Do you have a license or certificate to practice a trade or profession? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Trade:	
Licensing Agency:	City or State:

Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Driver's ID Number:	State where License is Issued:
A driver's abstract will be obtained for all employees with driving responsibilities.	
Have you been a licensed driver for at least one year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been convicted of any vehicle moving violations within the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list type of conviction and date	

Have you ever had your driver's license suspended or revoked, or have you ever been convicted of DWI/DUI or other conviction involving harm to persons or property while driving? <input type="checkbox"/> Yes <input type="checkbox"/> No List details below including date.	

List 3 personal references (not related to you) who have definite knowledge of your qualifications for the position.		
NAME	COMPLETE ADDRESS	PHONE
1.		
2.		
3.		

Describe under the headings given below any employment or occupation you have ever had which includes experience that tends to qualify you for the position sought, and as far as possible, every other employment. Begin with your most recent employment and work backward consecutively to your first one. Use an additional sheet if you need more spaces. Applicants may be required to furnish satisfactory proof of experience claimed.	
Employer:	
Address:	Phone:
Your Title:	Supervisor's Name/Title:
Dates of Employment:	
Reason for Leaving:	
Your duties:	

Employer:	
Address:	Phone:
Your Title:	Supervisor's Name/Title:
Dates of Employment:	
Reason for Leaving:	
Your duties:	

Employer:	
Address:	Phone:
Your Title:	Supervisor's Name/Title:
Dates of Employment:	
Reason for Leaving:	
Your duties:	

Have you ever been employed by The Adirondack Arc? () Yes () No	
If yes, what dates were you employed?	Under what name?
Does a member of your family or a member of your household currently work for The Adirondack Arc?	

<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide that individual's name and relationship to you

Prospective employees who will have regular and substantial unsupervised or unrestricted physical contact with people receiving services will need to provide information, statements, and fingerprints according to the requirements of OPWDD regulations in order for a criminal background check to be conducted, once employment has been offered.

Have you ever had a complaint or report filed against you, or have you been named in a complaint or report filed, with the Department of Social Services/Child Protective Services regarding involvement with minor children or adults with disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details here.

Please list below any other special training or skills you have or any courses you have taken that relate to the type of services our agency provides. Also list any other experience you have in direct care work relevant to the position for which you are applying. Employment listed above under Employment History need not be repeated here. Please provide names, addresses and telephone numbers for references who can verify each experience.

PERSONAL EXPERIENCE: A brief statement providing background information, other than schooling or employment, which might pertain to the position applied for.

DECLARATION: I declare that the statements made in this application are true and correct to the best of my knowledge. I authorize release of information from previous employers and references listed in this application. The Adirondack Arc reserves the right to dismiss an employee who has provided false information at the time of application.
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Signature of Applicant:

Thank you for your interest in a career with The Adirondack Arc. In order to help us process your application, we ask that you answer the following questions about your employment interests.

Name of Applicant: _____

I am interested in: full-time work
 part-time work (number of hrs/wk: _____)

I am interested in working in the:
 Tupper Lake area
 Saranac Lake area
 Malone area
 Fort Covington
 Hamilton County area

I am available for the following shifts: days
(check all that apply) evenings
 weekends
 overnights

I would prefer to work with: adults
 children
 no preference

I am interested in working in the following type of program:
 group home/apartment setting
 family setting
 preschool
 other (specify)
 no preference

How did you hear of employment opportunities with The Adirondack Arc?
 newspaper advertisement
 internet job posting
 Department of Labor posting
 local college career development office
 local job fair
 current employee of The Adirondack Arc recommended
Name of Employee _____
 other:

Thank you. Please keep this form attached to your employment application.## #