



The Arc
Rockland
New York

*A family-based organization
for people with intellectual
and developmental disabilities*

APPLICATION FOR EMPLOYMENT (PLEASE PRINT)

The Arc Rockland is an Equal Opportunity Employer and does not discriminate or tolerate discrimination against any employee or applicant on the basis of race, religion, color, creed, sex, sexual orientation, gender identity, age, national origin, disability, marital status, military or veteran status or any other characteristic protected under applicable Federal, State and Local Law. If you require an accommodation to enable you to apply for employment, please contact Human Resources.

Date _____

Position Desired 1. _____ 2. _____ 3. _____	
Name (Last, First, Middle)	Home Phone:
	Cell Phone:
Please list any other names you have been known by or worked under, e.g. maiden, etc.	Email:
Address (No., Street, City, State, Zip)	
How many years have you lived at this address?	
Previous Address (No., Street, City, State, Zip)	How long did you live there?
How did you learn of this opening? <input type="checkbox"/> Library Posting <input type="checkbox"/> College Posting <input type="checkbox"/> Employee Referral Name _____	
<input type="checkbox"/> Arc Website <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Job Fair <input type="checkbox"/> Open House	
<input type="checkbox"/> Job Posting (which site?) _____ <input type="checkbox"/> Other _____	
Do you want to work:	What shift can you work?
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem <input type="checkbox"/> Temp	<input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends
Have you ever been employed by us before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, When? What Division?
Have you ever applied for a job with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, When? What Division?
Have you ever been employed by an agency affiliated with The Arc New York or NYSARC? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Agency _____	
List all relatives working for us:	
Nature of relationship?	
Are you legally authorized to work in the United States for any employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Proof of identity and eligibility will be required at time of employment.	
If hired, on what date will you be available to start work?	
List all computer software in which you are proficient	

Educational Background

Type of School	Name and City/State	How Many Years Completed?	Did You Graduate?	Degree	Course or Major
High School or GED			Yes No		
Undergraduate			Yes No		
Graduate/ Professional			Yes No		
Vocational/Technical/ or Certificate Program			Yes No		
Other			Yes No		
Licensure, registration certifications		License Number	Exp. Date	State of Issue	
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After a conditional offer of employment, we will require original documentation of highest level of education and any licenses or certification required for the position offered.

Other Training/Experience

Do you have any other training or experience that you believe is relevant to the job for which you are applying?
If yes, please explain.

SUPERVISORY/PROFESSIONAL REFERENCES (Not Listed On Next Page and Excluding Relatives)

Name, Title, Relationship to Applicant	Address	Phone Number & Email
1. _____		
2. _____		
3. _____		

EMPLOYMENT HISTORY

List ALL employment for the past ten (10) years or your full employment history if its less than ten (10) years. List most recent jobs first. Include full and part-time work, self-employment, and military service. If unemployed during that period, list dates of unemployment. Attached additional sheet if necessary.

EMPLOYER NAME		EMPLOYER ADDRESS		PHONE	FROM MO/YR	TO MO/YR
POSITION TITLE	DUTIES PERFORMED		REASON FOR LEAVING			
SUPERVISOR NAME		SUPERVISOR PHONE & EMAIL				
EMPLOYER NAME		EMPLOYER ADDRESS		PHONE	FROM MO/YR	TO MO/YR
POSITION TITLE	DUTIES PERFORMED		REASON FOR LEAVING			
SUPERVISOR NAME		SUPERVISOR PHONE & EMAIL				
EMPLOYER NAME		EMPLOYER ADDRESS		PHONE	FROM MO/YR	TO MO/YR
POSITION TITLE	DUTIES PERFORMED		REASON FOR LEAVING			
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POSITION TITLE	DUTIES PERFORMED		REASON FOR LEAVING			
SUPERVISOR NAME		SUPERVISOR PHONE & EMAIL				
EMPLOYER NAME		EMPLOYER ADDRESS		PHONE	FROM MO/YR	TO MO/YR
POSITION TITLE	DUTIES PERFORMED		REASON FOR LEAVING			
SUPERVISOR NAME		SUPERVISOR PHONE & EMAIL				

* Please request extra sheets if needed.

Please explain any gaps in employment greater than 3 months

May we contact your present employer? Yes No

Have you ever been dismissed from a position, with another employer? Yes No

If yes, please describe below:

STATEMENT OF UNDERSTANDING

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand and agree that falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for denial of employment or dismissal, even if such falsification or omission is first discovered following the start of my employment.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute an offer of employment or the terms of an implied employment contract of any duration.

Date

Sign Your Name

My checking this box, indicates my agreement with the Statement of Understanding and that the facts I provided in this application are true and complete."