



APPLICATION FOR EMPLOYMENT

Abilities First, Inc. is an Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

Date _____ Position(s) Applied for _____

Referral Source: Advertisement (Specify: _____) Walk-In Employee Referral (Name below)

Friend: _____ Relative: _____

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP CODE

Telephone (_____) _____ Email Address (optional) _____
Area Code

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, give date _____

Have you ever been employed here before? Yes No If Yes, give date _____

Are you employed now? Yes No May we contact your present employer? Yes No

On what date would you be available for work? _____

Are you available to work Full Time Part Time On-Call Temporary

Please check days you are available to work and **circle** the shifts you are available to work:

Day	<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
Shift(s)	1 st 2 nd 3 rd	1 st 2 nd 3 rd	1 st 2 nd 3 rd	1 st 2 nd 3 rd	1 st 2 nd 3 rd	1 st 2 nd 3 rd	1 st 2 nd 3 rd

Note - Shift times may vary based on program needs, the following are *examples*:

1st (Example: 7 am – 3 pm, 9:00 am – 5:00 pm) 2nd (Example: 3 pm – 11 pm) 3rd (Example: 11 pm – 7 am)

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Pre-employment screenings such as Criminal Background Check required by OPWDD

BACKGROUND SCREENING

Employment may require clearance through OPWDD's Criminal Background Check, SEL, MHL 16.34, Statewide Central Registry check, and others as required by New York State OPWDD, OMH, OCFS, OASAS, NYSED and the Justice Center. Convictions and/or allegations do not necessarily exclude you from employment. Failure to disclose information or misstatements will be considered falsification of this application. Please use additional paper if necessary.

Have you ever:

Been convicted of any crime in any jurisdiction, **or** have any unresolved/pending charges? Yes No

If yes, Please list/explain _____

Been involved in an allegation of abuse or neglect (via employer/APS/CPS/other)? Yes No

If yes, Please explain _____

Been sanctioned by the NYS Justice Center, Office of the Inspector General or excluded from participation in Medicare, Medicaid and/or other Federal health care programs? Yes No

References: Please list three references. Personal, professional and academic references are acceptable.

Name	Type (Personal, Professional, Academic)	Telephone Number
		()
		()
		()

EDUCATION

	High School/ GED / TASC	College/University	Graduate/ Professional	Specialized Training, Skills or Certifications
School Name				
Years Completed (Circle)	9 10 11 12	1 2 3 4	1 2 3 4	
Diploma / Degree Earned				
Describe Course Of Study				

List any professional, business or civic activities: _____

EMPLOYMENT EXPERIENCE

Start with your present or most recent position, including volunteer experiences and military service.

Employer	Telephone ()	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				
Employer	Telephone ()	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				
Employer	Telephone ()	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				
Employer	Telephone ()	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason For Leaving				

If you need additional space, please continue on a separate sheet of paper.

Summarize special skills and qualifications, such as certifications, languages spoken, or other information you'd like us to consider:

**PRE-EMPLOYMENT
CONTAGIOUS DISEASE STATEMENT**

Applicants for employment with Abilities First, Inc., are herewith notified that the agency is required to admit program participants into each of its programs, without regard to their health status. Therefore, it is possible that an employee of this agency will, during the course of their employment, be exposed to program participants who are infected with contagious diseases. This notice serves to make you aware of this possibility. Additionally, if you are employed by this agency you will be trained on methods of protecting yourself and others from contagious diseases.

I have read the above and understand that this statement will be reviewed further upon hire.

APPLICANT SIGNATURE _____ DATE _____

**HEALTH PRECAUTIONS/PPD
TUBERCULOSIS TESTING**

I, as a prospective employee of Abilities First, Inc. understand that I am expected to have a two-step Mantoux skin test/PPD completed upon hire (or as OPWDD requirements specify). The first step will be completed before my employment start date and the second step will be completed within 1 to 3 weeks of employment. I understand that Abilities First will be responsible for the cost of the PPD test and reading as long as I participate in the agency-sponsored programs. If I choose to have the Mantoux skin test done by my own physician or elsewhere, I understand I am responsible for the associated costs.

Employees who have tested positive are not required to have a PPD done. However, they are expected to have a chest x-ray done every three years. A physician’s note will be accepted if there is a medical reason as to why the x-ray should not be done. Anyone who has had a positive reaction to the Mantoux test will, on an annual basis, receive a health service form “signs and symptoms of Tuberculosis” to be completed and reviewed by either a physician or nurse.

I have read and clearly understand the above statement.

APPLICANT SIGNATURE _____ DATE _____

Abilities First, Inc.
70 Overocker Road
Poughkeepsie, NY 12603

RELEASE AUTHORIZATION

I hereby authorize employers, professional and personal acquaintances to release unto Abilities First, Inc. or its agents thereof, any information related to my employment history with said company, including but not limited to, dates of employment, attendance, performance, conduct/discipline, capabilities and other qualities related to my qualifications for employment. I further release the said company(s) and/or agents from any claims that may arise for providing such information.

Signature _____ Date _____

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

Abilities First, Inc. provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, familial status, age, disability or genetics. In addition to federal law requirements, Abilities First, Inc. complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, and transfer, leaves of absence, compensation and training.

Abilities First, Inc. expressly prohibits any form of workplace harassment based on race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability, or veteran status. Improper interference with the ability of Abilities First, Inc.'s employees to perform their job duties may result in discipline up to and including discharge.

With the exception of those positions for which there exists a **bona fide occupational qualification** permitting use of a otherwise prohibited factor, this agency will not take any of those factors into consideration with regard to recruitment, hiring, promotion, transfer, disciplinary procedures, separations and other terms and conditions of employment. Additionally, the Agency will take affirmative action to recruit, hire and advance through promotion minority persons, the disabled and veterans.

VOLUNTARY AFFIRMATIVE ACTION SURVEY

As employers/government contractors, we comply with government regulations and affirmative action responsibilities. Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out this section. We appreciate your cooperation.

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

Check one: Male Female

Check one of the following race/ethnic groups:

White Black Hispanic American Indian/Alaskan Native Asian/Pacific Islander

SPECIAL NOTICE TO VIETNAM ERA VETERANS, DISABLED VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS OR DISABILITIES:

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era and qualified handicapped individuals. You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential, and refusal to provide this information will not adversely affect your consideration for employment.

If you wish to be identified, please check if any of the following are applicable:

Vietnam Era Veteran Disabled Veteran Disabled Individual

MOTOR VEHICLE RECORD REVIEW CONSENT FORM

I understand I am required to have had a valid New York State driver's license for a period of three years to operate a company vehicle or use my personal vehicle for company business, and I must maintain my license per the guidelines required by the agency. Additionally, I grant Abilities First, Inc. or designee the right to obtain and review my Motor Vehicle Record (MVR) at any time.

Eligible drivers may not have the following:

- Any alcohol/drug related offenses within the last three years
- Any speeding violation in excess of 15 mph over the posted speed limit within the last two years
- 2 or more speeding or moving violations within the past three years
- 2 or more accidents (regardless of fault) in the past three years
- Combination of speeding/moving violations and accidents may be unacceptable as outlined by insurance carrier

NYS Driver's License No. _____ Expiration Date _____

List below other states and driver's license numbers during the past three year period:

List below any violations or accidents within the last three year period:

List below any DUI/DWI/OMVI/drug-related offenses and date(s):

I hereby authorize the company or its designee to obtain any and all information pertaining to my driving record from any State Department of Motor Vehicles. This signed authorization will remain in effect as long as I have driving responsibilities with the company.

Your signature to release this information is a requirement of the Fair Credit Report Act. Only information regarding your driving record will be obtained and the information will only be used for the implementation of the Company Driver Management Policy.

I also understand that at any time during my employment, while I have driving responsibilities for the company, the company or its designee may obtain a copy of my current Motor Vehicle Record. I understand the Company may take necessary action/disciplinary action, up to and including termination, if I am in violation of the company driver management policy.

Name (printed) _____

Signature _____ Date _____

CONDITIONS OF EMPLOYMENT (Please read carefully)

1. I hereby declare the information provided by me in this Application for Employment is accurate and complete to the best of my knowledge. **I understand that if employed, any misstatement or omission of pertinent fact shall be considered cause for dismissal.**
2. I hereby declare that I am capable of performing the essential duties required of this position and understand that reasonable efforts will be made to accommodate restrictions in compliance with standards governing civil rights. I understand that direct care positions require lifting, transferring and maneuvering participants.
3. If I am offered employment, I agree to submit to a medical examination (for positions which require this) before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by Abilities First, Inc. and as permitted by law and the applicable (if any) collective bargaining agreement. I consent to such examinations and tests and I request that the examining doctor disclose to Abilities First, Inc., the results of the examination which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and if I am hired a condition of employment will be that I abide by the Agency's drug and alcohol policy.
4. If employed, I agree to protect the confidentiality of Abilities First, Inc. information and not to disclose such confidential information to others. Further, if employed, I agree to protect the privacy of the participants Protected Health Information (PHI) and not to disclose such confidential information to others.
5. I understand that if I am employed, employment with Abilities First, Inc. is at the will of the employer or myself, and the employer may terminate the employment relationship at any time with or without cause and with or without notice and is subject to applicable (if any) collective bargaining agreement. I also understand that no officer, supervisor, personnel representative, or other employee of Abilities First, Inc. has the authority to enter into any agreement for employment, verbally or in writing, contrary to the foregoing.
6. I hereby authorize Abilities First, Inc. or its Agent thereof, to make any inquiries into my past criminal history record, if any, that reasonably relate to fitness to perform a particular job or bondability. This includes the NYS Justice Center, Office of Inspector General's database for individuals excluded or sanctioned from participating in Medicare, Medicaid, or other Federally funded programs. If sanctioned, I understand I will be ineligible for employment.
7. I understand that most positions require driving and, maintaining an acceptable driving record is a condition of employment. I have reviewed the attached MVR list of exclusions and understand that certain infractions could result in excluding me from employment. Failure to maintain an acceptable driver's license will result in the inability to hold a position for which driving is a requirement.

Signature of Applicant

Date

My Pledge

As an employee of Abilities First, Inc. I pledge to honor the individuality and rights of those I serve, to champion their right to self-directions, to respect them for the struggles they endure and the challenges they overcome, to support their needs in an environment of trust and integrity and to protect them from deceit and fraud.

I pledge to prevent abuse, neglect or harm toward any person with special needs. If I learn of, or witness, any incident of abuse, neglect or harm toward any person with special needs, I will offer immediate assistance and then notify emergency personnel, including 9-1-1 where appropriate, and inform the management of this organization. I pledge also to report the incident to the Justice Center for the Protection of People with Special Needs.

I acknowledge that I have read and understand Abilities First Code of Conduct and I agree to abide by this Code.

Signature of Applicant

Date