



Creating Opportunities for People with Developmental Disabilities

EMPLOYMENT APPLICATION

RETURN TO:

Ontario ARC
 Human Resources
 3071 County Complex Drive
 Canandaigua, New York 14424

APPLICANT:

- Please complete application
- Type or print.
- If you need additional space, attach a supplemental sheet.

GENERAL

NAME	LAST	FIRST	MIDDLE	DATE OF APPLICATION
PRESENT ADDRESS	STREET, CITY, STATE, ZIP CODE			PHONE (DAY)
SECONDARY ADDRESS	IF DIFFERENT FROM ABOVE			BIRTHDATE If under age 18
<p>HAVE WORKED FOR ONTARIO ARC? IF YES, INDICATE DATES OF EMPLOYMENT, DEPARTMENT, POSITION</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>_____</p>				
<p>DO YOU HAVE AUTHORIZATION TO WORK IN THE UNITED STATES? IF NOT A NATURALIZED CITIZEN, PLEASE INDICATE TYPE OF WORK AUTHORIZATION</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>_____</p>				
<p>HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE OTHER THAN MINOR TRAFFIC VIOLATIONS?*</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN</p> <p>_____</p> <p style="text-align: center;">• CONVICTION WILL NOT AUTOMATICALLY DISQUALIFY FOR EMPLOYMENT</p>				
<p>ARE YOU CURRENTLY LISTED AS AN INELIGIBLE PERSON OR ENTITY ON ANY GOVERNMENT EXCLUDED PARTIES LIST (OFFICE OF INSPECTOR GENERAL, GENERAL SERVICES ADMINISTRATION, ETC.)?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN</p> <p>_____</p>				

POSITION

TYPE OF POSITION DESIRED _____ SALARY EXPECTED \$ _____

DATE AVAILABLE _____ ARE YOU SEEKING: FULLTIME PERMANENT EMPLOYMENT OTHER

IF OTHER, SPECIFY ANTICIPATED PERIOD OF WORK, AND/OR NUMBER OF HOURS PER DAY

WILL YOU WORK IRREGULAR HOURS? YES NO

WILL YOU WORK WEEKENDS? YES NO

PREFERRED HOURS _____

SOURCE OF REFERRAL _____
(i.e. SELF, NEWSPAPER, SCHOOL, STATE EMPLOYMENT, OFFICE, COMMUNITY AGENCY, OTHER, EMPLOYEE REFERRAL – IF SO, WHO?)

EMPLOYMENT RECORD List most recent employment first. Include periods of unemployment.

EMPLOYER _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

INITIAL POSITION TITLE _____ START DATE _____ STARTING SALARY _____

FINAL POSITION TITLE _____ END DATE _____ FINAL SALARY _____

LAST SUPERVISOR'S NAME _____ PHONE _____

MAY WE CONTACT THIS EMPLOYER? YES NO

EMPLOYER _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

INITIAL POSITION TITLE _____ START DATE _____ STARTING SALARY _____

FINAL POSITION TITLE _____ END DATE _____ FINAL SALARY _____

LAST SUPERVISOR'S NAME _____ PHONE _____

MAY WE CONTACT THIS EMPLOYER? YES NO

EMPLOYER _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
INITIAL POSITION TITLE _____ START DATE _____ STARTING SALARY _____
FINAL POSITION TITLE _____ END DATE _____ FINAL SALARY _____
LAST SUPERVISOR'S NAME _____ PHONE _____
MAY WE CONTACT THIS EMPLOYER? YES NO

EMPLOYER _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
INITIAL POSITION TITLE _____ START DATE _____ STARTING SALARY _____
FINAL POSITION TITLE _____ END DATE _____ FINAL SALARY _____
LAST SUPERVISOR'S NAME _____ PHONE _____
MAY WE CONTACT THIS EMPLOYER? YES NO

EMPLOYER _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
INITIAL POSITION TITLE _____ START DATE _____ STARTING SALARY _____
FINAL POSITION TITLE _____ END DATE _____ FINAL SALARY _____
LAST SUPERVISOR'S NAME _____ PHONE _____
MAY WE CONTACT THIS EMPLOYER? YES NO

EMPLOYER _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
INITIAL POSITION TITLE _____ START DATE _____ STARTING SALARY _____
FINAL POSITION TITLE _____ END DATE _____ FINAL SALARY _____
LAST SUPERVISOR'S NAME _____ PHONE _____
MAY WE CONTACT THIS EMPLOYER? YES NO

EDUCATION AND TRAINING

HIGH SCHOOL _____ CITY, STATE _____ TYPE OF DEGREE OR DIPLOMA _____ MAJOR SUBJECT _____
TECHNICAL SCHOOL, COLLEGE OR UNIVERSITY _____ CITY, STATE _____ TYPE OF DEGREE OR DIPLOMA _____ MAJOR SUBJECT _____
TECHNICAL SCHOOL, COLLEGE OR UNIVERSITY _____ CITY, STATE _____ TYPE OF DEGREE OR DIPLOMA _____ MAJOR SUBJECT _____
PROFESSIONAL ORGANIZATIONS, ASSOCIATIONS, HONORS, CERTIFICATION, PROFESSIONAL LICENSES AND PUBLICATIONS YOU CONSIDER SIGNIFICANT. PLEASE INDICATE THE PROFESSIONAL LICENSE NUMBER AND STATE OF ISSUANCE:
IF APPLICABLE, COMPUTER BACKGROUND
SYSTEMS USED _____ SOFTWARE KNOWLEDGE _____ KEYBOARD SPEED _____ WPM
OTHER SKILLS, TRAINING AND HOBBIES, OR VOLUNTEER EXPERIENCE THAT MIGHT BE RELEVANT TO EMPLOYMENT AT ONTARIO ARC: _____

REFERENCES

LIST THREE PERSONS (OTHER THAN RELATIVES OR PERSONAL FRIENDS) WHO HAVE KNOWLEDGE OF YOUR WORK EXPERIENCE AND/OR EDUCATION

NAME	MAILING ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

ONTARIO ARC DOES NOT DISCRIMINATE BECAUSE OF AGE, SEX, RACE, RELIGION, NATIONAL ORIGIN, OR DISABILITY. MEMBER OF NYARC INC.

I hereby authorize investigation of all statements, and understand that misrepresentation or omission of facts called for in this form is cause for termination of employment without notice. I also agree: (1) to PPD Tuberculosis testing, employment being contingent on a satisfactory reading, thereof; (2) to such examination by an ARC designated physician as may be required, employment being contingent on the satisfactory passing, thereof; (3) to Criminal Background Checks as required by the Office of Mental Retardation and/or the Office of Mental Health, employment being contingent on their approval; and (4) if employed, to abide by all regulations and policies of ARC.

Date _____ Signature _____



IMPORTANT NOTICE TO ALL APPLICANTS

Any person hired into a position that has substantial unsupervised contact with the people we serve after April 1, 2005 will be required to undergo a Criminal History Record Check through the Office of People with Developmental Disabilities (OPWDD) per Chapter 575 of the Laws of 2004. In addition, Employment Services programs and Transportation Services personnel will also be required to have a Criminal History Record Check through the Office of Mental Health (OMH). Effective March 12, 2007, fingerprints will also be checked through the Federal Bureau of Investigation (FBI).

All persons being hired after April 1, 2011 (including current staff moving to a position that did not require finger prints to a position that does require finger prints) who will have substantial unsupervised contact with the people we serve will be required to have finger print clearance before establishing a starting date. Once a person has obtained clearance, a starting date will be established. If clearance is denied, the job offer is immediately revoked.

In addition, candidates asked to interview will be required to disclose information related to pending criminal charges that would prohibit clearance through the Criminal History Record, as authorized by the Office of People with Developmental Disabilities (OPWDD) and the Office of Mental Health (OMH).

Candidates for positions with substantial unsupervised contact with the people we serve who refuse to undergo a Criminal History Record Check cannot be considered for hire.



IMPORTANT NOTICE TO ALL CANDIDATES

Ontario ARC is a smoke free/tobacco free work environment

This means that staff are unable to smoke or use tobacco products in agency facilities or on agency vehicles at any time. In addition, staff will be unable to openly smoke or use tobacco products on agency property, even if outside or in a personal vehicle parked on agency property.

Staff working with the people we serve in any capacity in community settings will be unable to smoke or use tobacco products, even if such use is allowed at the community facility.

It is an expectation that all staff adhere to this policy.