

MOUNTAIN LAKE SERVICES

10 St. Patrick's Place
 Port Henry, New York, 12974
 APPLICATION FOR EMPLOYMENT



Prospective employees will receive consideration without discrimination because of race, color, religion, national origin, sex, age, disability or veteran status. We hire qualified individuals, regardless of disability, and will reasonably accommodate an individual's disability during the application process and on the job.
(PLEASE PRINT CLEARLY.)

Revised 8/3/07 pa

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|----------------------------|--|---|--|
| Position(s) applied for: | Pay expected: Hourly: | Annual Salary: | Date of Application: |
| Are you available to work: | <input type="checkbox"/> Full-Time | <input type="checkbox"/> Part-Time | <input type="checkbox"/> Relief <input type="checkbox"/> Temporary |
| What hours can you work? | Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No | When will you be available to begin work? | |

| | | |
|---|---|---|
| PERSONAL | Last: _____ First: _____ Middle: _____ | Home Telephone: () _____ |
| | Street Address: _____ | Business Telephone: () _____ |
| | City, State, Zip: _____ | Cell Telephone: () _____ |
| | Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, month and year: _____ | May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No Time: _____ am/pm |
| | Have you ever been employed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give dates: _____ Position: _____ | |
| | Name employed under, if different: _____ | |
| | Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of U.S. citizenship or immigration status will be required upon employment.) | |
| If you are under 18 years of age, can you provide required proof of your eligibility to work? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | | |
|--|--------------|------------------------|
| Do you have a valid motor vehicle license to operate a motor vehicle in New York State? <input type="checkbox"/> Yes <input type="checkbox"/> No | State: _____ | License #: _____ |
| | Class: _____ | Expiration Date: _____ |
| Have you ever had any drug or alcohol-related convictions, including DWI? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| In the last three (3) years, have you had any convictions related to moving violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give dates and circumstances: _____ | | |
| Have you ever had any suspension, revocation, DWI, convictions or any occurrence involving harm to human beings or property while driving? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give dates and circumstances: _____ | | |

Have you ever been convicted of a felony or misdemeanor in any jurisdiction, OR have any pending criminal charges in any jurisdiction, including sex-related or child abuse-related offenses? Yes No

(Such conviction may be relevant if job related, but does not bar you from employment.)
 If YES, give dates and nature of charge and conviction: _____

Are you now, or has a government agency proposed that you be, excluded from participating in a government program such as Medicare or Medicaid? Yes No

If YES, please describe the circumstances and indicate the period of exclusion: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

E D U C A T I O N

You will be required to provide verification of your degree.

| | NAME OF SCHOOL & ADDRESS | COURSE OF STUDY | Did you graduate? | Type of Degree or Diploma |
|------------------------------|--------------------------|-----------------|-------------------|---------------------------|
| High School/Other Programs | | | | |
| Business, Trade or Technical | | | | |
| College 1 | | | | |
| College 2 | | | | |

E M P L O Y M E N T H I S T O R Y

Start with your present or most recent employer.

Please give accurate, complete, full-time and part-time employment record.

| | | |
|----------|---|---|
| 1 | Company Name: | Telephone: |
| | Address: | Employed: (State Month and Year) From: _____ To: _____ |
| | Name of Supervisor: | Hourly Rate / Salary: Start: \$ _____ per _____ Final: \$ _____ per _____ |
| | State Job Title and Describe Your Work: | Reason for Leaving: |
| 2 | Company Name: | Telephone: |
| | Address: | Employed: (State Month and Year) From: _____ To: _____ |
| | Name of Supervisor: | Hourly Rate / Salary: Start: \$ _____ per _____ Final: \$ _____ per _____ |
| | State Job Title and Describe Your Work: | Reason for Leaving: |
| 3 | Company Name: | Telephone: |
| | Address: | Employed: (State Month and Year) From: _____ To: _____ |
| | Name of Supervisor: | Hourly Rate / Salary: Start: \$ _____ per _____ Final: \$ _____ per _____ |
| | State Job Title and Describe Your Work: | Reason for Leaving: |
| 4 | Company Name: | Telephone: |
| | Address: | Employed: (State Month and Year) From: _____ To: _____ |
| | Name of Supervisor: | Hourly Rate / Salary: Start: \$ _____ per _____ Final: \$ _____ per _____ |
| | State Job Title and Describe Your Work: | Reason for Leaving: |

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT

Employer Number(s): _____ Reason: _____

PROFESSIONAL LICENSES / CERTIFICATIONS

| TYPE | STATE | LICENSE NUMBER | LICENSING BOARD |
|------|-------|----------------|-----------------|
| | | | |

Have you ever surrendered your license or been found guilty of professional misconduct, unprofessional conduct, incompetence, or negligence in any state or country? Yes No

Has your license(s) to practice in any jurisdiction(s) ever been denied, limited, suspended, revoked, not renewed; or have you ever been under probation, subject to disciplinary action; or have voluntarily relinquished any item in anticipation of any of these actions? Yes No

Have you ever been denied a license in any state or country? Yes No

If you answered "Yes" to either of the above questions, please give dates and explain:

| | | |
|-----------------|---|--|
| MILITARY | Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No | If "Yes," in what branch? _____ Dates of Service: _____ |
| | Describe any training received relevant to the position for which you are applying: | |

PRIOR EXPERIENCE

Please list below any prior or current experience as an employee, volunteer, or provider with New York State Office of Mental Retardation and Developmental Disabilities ("OMRDD"), any other state agency, or any other human services provider. Also list any other experience you have in direct care work relevant to the position for which you are applying. Employment listed under Employment History need not be repeated here. Please provide the names, addresses and telephone numbers for references who can verify each experience.

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS
(Exclude those which may disclose your race, color, religion, or national origin.)

Describe any specialized training, apprenticeship, skills, and extra-curricular activities:

Please state the reasons you are interested in employment with this agency:

What do you feel are the needs of people with disabilities living in the community?

REFERENCES

List three references. At least two (2) must be personal references who are not related to you.

| NAME | ADDRESS | RELATIONSHIP | TELEPHONE |
|------|---------|--------------|-----------|
| | | | |
| | | | |
| | | | |

How Did You Learn About Us?

Advertisement Which Newspaper? _____

Employee Relative Friend Job Service Walk-In

Other Name of Source (If Applicable) _____

| | |
|--|--|
| S I G N A T U R E | <p>You will need to provide information, statements, and fingerprints in accordance with the requirements of the agency and OMRDD in order for a criminal background check to be conducted through DCJS. You will also have the right to obtain and review the results of the check.</p> <p>I understand that an offer of employment is conditional pending the results of a criminal history record check.</p> <p>The information provided in this Application for Employment is true, correct, and complete to the best of my knowledge. I understand that if employed, any false statements or omission of fact on this application may result in termination of my employment. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. I understand that employment in this agency necessarily means accepting and abiding by all its policies and procedures and that I will be required to provide proof of citizenship or work permit, educational diplomas, and professional licensure.</p> <p>I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.</p> |
| <p>Date: _____ Signature: _____</p> | |