



# United Cerebral Palsy Association of Greater Suffolk, Inc.

250 Marcus Boulevard, Hauppauge, New York 11788

## APPLICATION FOR EMPLOYMENT

UCP Suffolk is an Equal Opportunity Employer and will consider applicants for all positions without regard to race, color, religion, creed, citizenship, gender, national origin, age, disability, marital status, military or veteran status, sexual orientation, genetic predisposition, domestic violence victim status or any other legally protected status.

Please provide complete and legible information. An incomplete application may affect your consideration for employment. You may attach a resume, but you must complete all questions or your application will be deemed incomplete and may not be considered. Applicants with disabilities may be entitled to reasonable accommodation under the terms of the Americans with Disabilities Act and certain state or local laws. A reasonable accommodation is a change in the way things are normally done that will ensure an equal employment opportunity without imposing an undue hardship on the Agency. Please inform the Agency's Human Resources Department if you need assistance completing any form or to otherwise participate in the application process.

Position Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

How Did You Learn About Us?  Advertisement  Internet  Friend/Relative  Walk-In

Other \_\_\_\_\_

Employee Referral (*Print Name of Employee*) \_\_\_\_\_

_____	_____	_____	_____
Last Name	First Name	Middle Name	
_____	_____	_____	_____
Street Address	City	State	Zip Code
Home Telephone Number		Email Address (If available)	
( _____ ) _____ - _____	_____ @ _____		

Yes  No Are you under the age of 18?  
*(If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No)*

Yes  No Are you legally authorized for work in the United States?  
*(If hired, verification will be required consistent with Federal law)*

Yes  No Have you ever submitted an employment application with us before?  
If yes, give date(s): \_\_\_\_\_

Yes  No Have you ever been employed with us before? If yes, give date(s), position(s) held and reason for leaving:  
\_\_\_\_\_

Yes  No Have your fingerprints been submitted to the Office for People with Developmental Disabilities (OPWDD) in the past? If Yes, please indicate name of Agency and dates fingerprints were submitted  
\_\_\_\_\_

Yes  No Are you currently employed? If yes, may we contact your present employer?  Yes  No

Yes  No Do you have any prior or current experience as an employee, volunteer or certified provider with OPWDD; any other State Agency; or any other provider of human services?  
If yes, please explain \_\_\_\_\_

Yes  No Do you have any prior or current experience in direct care work relevant to the position for which you are applying: (*Note any child-care experience.*) If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Yes  No Have you been convicted of a crime in the last seven (7) years, which has not been expunged, impounded or sealed by a court? If yes, list convictions that are a matter of public record (arrests are not convictions):

A criminal conviction will not necessarily be a bar to employment. To help us evaluate your application, please describe the nature of the offense for which you were convicted, the circumstances surrounding the commission of the offense and your subsequent rehabilitation:

Yes  No Have you ever been investigated or convicted of Medicaid fraud?  
If yes, please provide dates and specifics: \_\_\_\_\_

Yes  No Have you ever been investigated or cited by the NYSED Office of Professions?  
If yes, please explain: \_\_\_\_\_

Yes  No Have you ever been discharged, suspended or asked to resign from any position?  
If yes, please explain: \_\_\_\_\_

Yes  No Are you available to work? (check all that apply)  Full Time  Part Time

What shift are you available to work?  Days  Evenings  Overnights  Weekends

## EDUCATION

	SCHOOL Name, Address, and Telephone #	Course of Study or Major	Highest Grade Completed	Diploma Degree Received
High School			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> GED (Check)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Undergraduate College			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 (Check)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate Professional			# Credits Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (Specify)			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 (Check)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT EXPERIENCE

Start with your present or last job. You may exclude any organizations which indicate race, color, religion, gender, national origin, disability, marital status, military or veteran status, sexual orientation, genetic predisposition, domestic violence victim status or other legally protected status. Resumes may not be substituted in lieu of completing the following employment information.

### CURRENT OR MOST RECENT POSITION

Employer Name:	Dates Employed		Work Performed
Address	From		Job Title:
Street, State, Zip	To		
Telephone Number (     )     )	Hourly Rate / Salary		
Supervisor	Start		
Reason for Leaving	Final		

### NEXT RECENT POSITION

Employer Name:	Dates Employed		Work Performed
Address	From		Job Title:
Street, State, Zip	To		
Telephone Number (     )     )	Hourly Rate / Salary		
Supervisor	Start		
Reason for Leaving	Final		

### NEXT RECENT POSITION

Employer Name:	Dates Employed		Work Performed
Address	From		Job Title:
Street, State, Zip	To		
Telephone Number (     )     )	Hourly Rate / Salary		
Supervisor	Start		
Reason for Leaving	Final		

### NEXT RECENT POSITION

Employer Name:	Dates Employed		Work Performed
Address	From		Job Title:
Street, State, Zip	To		
Telephone Number (     )     )	Hourly Rate / Salary		
Supervisor	Start		
Reason for Leaving	Final		

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

**REFERENCES**

Please supply the names, addresses, and telephone numbers of a minimum of two (2) individuals not related to you who can attest to your character, reputation, and personal qualifications.

NAME	ADDRESS	HOME/CELL NUMBERS
		( )
		( )
		( )
		( )

Please supply the names, addresses, and telephone numbers of individuals not related to you who can verify your history of employment or related experience, work record, and qualifications related to the care or services of individuals with developmental disabilities.

NAME	ADDRESS	HOME/CELL NUMBERS
		( )
		( )
		( )
		( )

**MOTOR VEHICLE**

***If the position you are applying for requires you drive a motor vehicle, please complete the following questions:***

Do you have a valid New York State Drivers License?  Yes  No

Within the past three years have you had any moving violations, suspensions, revocations, or D.W.I. Convictions?  Yes  No

Within the past three years have you had any occurrences regarding harm to persons or property while driving?  Yes  No

**If yes, please explain (include dates and complete description):**

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**ADDITIONAL TRAINING OR EXPERIENCE**

**Other Qualifications**

Summarize special job-related skills and qualifications acquired from employment or other experience:

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**Computer Skills (Check)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Microsoft Windows 7/8 | <input type="checkbox"/> Microsoft PowerPoint | <input type="checkbox"/> Microsoft Publisher |
| <input type="checkbox"/> Microsoft Excel       | <input type="checkbox"/> Internet Explorer    | <input type="checkbox"/> Programming Skills  |
| <input type="checkbox"/> Microsoft Word        | <input type="checkbox"/> Crystal Reports      | <input type="checkbox"/> HTML                |
| <input type="checkbox"/> Outlook               |   |  |

**Accounting Software**

Great Plains/Dynamics—Ver. \_\_\_\_\_

ADP for Windows—Ver. \_\_\_\_\_

Other \_\_\_\_\_

**Networking**

Windows 2008/2012

**OTHER INFORMATION**

**LIST PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ACTIVITIES, AND OFFICES HELD.** *You may exclude memberships which would reveal race, color, religion, creed, citizenship, gender, national origin, age, disability, marital status, military or veteran status, sexual orientation, genetic predisposition, domestic violence victim status or other legally protected status.*

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**STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION.**

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## APPLICANT'S STATEMENT

### PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING

I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment.

\_\_\_\_\_ Initials

I understand, where permissible under applicable state and local law, I may be subject to a criminal history record check, fingerprinting, Medicaid fraud check, drug test, motor vehicle license check and/or sex offender registry check.

\_\_\_\_\_ Initials

I hereby certify that the information given by me is true in all respects. I authorize UCP Suffolk and its representatives to contact my prior employers and all others for the purpose of verification of the information I have supplied and release same from any liability resulting from the information released. I authorize employers, schools and other persons named on this application to provide any information or transcripts requested.

\_\_\_\_\_ Initials

I understand employment with UCP Suffolk is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

\_\_\_\_\_ Initials

I expressly understand and agree that, if employed, my employment, having no specified term, is based upon mutual consent and may be terminated at will, with or without cause, by either party (the employer or me) without prior notice to the other, unless otherwise prohibited by law.

\_\_\_\_\_ Initials

I understand that no representation, whether oral or written, by any representative or agent of UCP Suffolk, at any time, can constitute an implied or expressed contract of employment. I further understand no representative or agent of UCP Suffolk has the authority to enter into an agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other terms or condition of employment other than in a document signed by the President/CEO.

\_\_\_\_\_ Initials

I certify, under penalty of perjury, that all of the above information is true and complete, and I understand that any falsification or omission of information may result in denial of employment or, if hired, may result in termination regardless of the time lapse before discovery.

I understand an offer of employment is conditioned upon complying with all of UCP Suffolk's requirements including, but not limited to, signing any requested consent for UCP Suffolk to conduct an investigation or obtain a report about my background.

**MY SIGNATURE IS EVIDENCE I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.**

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

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*NOTE:* Applications for employment shall be considered active for a period of time not to exceed 45 days. Beyond this time the applicant must complete a new application.

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