

Clarity Wellness Community
50 Farnum Street, Wellsville, NY 14895

APPLICATION FOR EMPLOYMENT

EVERY QUESTION MUST BE ANSWERED (with the exception of page 6 which is voluntary)

DO NOT LEAVE ANY BLANKS

Position Applying For: _____ Date: _____

NAME: Last: _____ First: _____ M.I.: _____

Phone #: (____) _____ Cell Phone #: (____) _____

Address: _____
Street Town State Zip

Previous Address: _____
Street Town State Zip

When will you be available for work? _____

Are you seeking Full Time: or Part Time: If part time, what hours are you available? _____

Have you been previously employed with this company? Yes No If so, when: _____

Have you registered with Job Service? Yes No If yes, when: _____

EDUCATION

SCHOOLS	NAME & ADDRESS	GRADUATED (YES/NO)	DEGREE RECEIVED	AREAS OF SPECIALIZATION
High School				
College				
Graduate School				
Trade, Business, Night, or Correspondent				
Educ./Trng. Regarding care to Developmentally Disabled and Mental Health Individuals				

Do you have any experience as an employee, volunteer, or certified provider with any State Agency? Or any other provider of Human Services? Yes No If yes, explain where, dates, duties:

Do you have any experience in direct care work relevant to which this application is being made? Child Care experience must be specifically identified (ie: Day Care Center or paid baby sitter). Yes No If yes, explain where, dates, duties:

If a license or other authorization to practice a trade or profession is required for the position for which you are applying, complete the following:

Name of Trade/Profession:	License Number:	Approved by (Licensing Agency):
City or State of Specialty:	Date of License:	Licensed From/To:

If not currently licensed, check here:

Do you have a valid driver's license? (required) Yes No If Yes, what State? _____

Have you ever been convicted of a DWI? Yes No If Yes, when? _____

Have you had a moving violation in the last 3 years? Yes No If Yes, when? _____

Have you ever been the subject of an indicated report of child abuse or neglect? Yes No If Yes, when? _____

Have you ever been convicted of a misdemeanor or felony? Yes No If Yes, when? _____

Provide a description of all convictions: _____

Is there a pending criminal charge against you? Yes No If Yes, when? _____

Provide description of all pending criminal charges: _____

****A conviction will not automatically prevent your employment with Clarity, but Clarity will consider a number of factors in determining the job-relatedness of any conviction, consistent with NYS Correction Law, Article 23-A, Section 753.**

Are you legally employable under U.S. Immigration Laws? Yes No

Are you in the US on a visa? Yes No If Yes, please indicate visa exp. date _____

MILITARY SERVICE RECORD

Draft Status: _____

Veteran of U.S. Armed Forces? Yes No Reserve Status: _____

Branch: _____ Serial #: _____

Date Entered: _____ Rank on Entering: _____

Date of Discharge: _____ Rank at Discharge: _____

PERSONAL REFERENCES

(Not Former Employers)

List 2 personal references, other than relatives, who can attest to your character, reputation, and personal qualifications.

Name/ Address/Phone #: _____

Name/ Address/Phone #: _____

DESCRIPTION OF EXPERIENCE

Give employment record as completely as possible, starting with your present or last employer. Insert an additional sheet if necessary. Show unemployment or self-employment periods. Indicate date and comment on each period.

DO NOT PUT "SEE RESUME OR SEE ATTACHED."

<i>Length of Employment</i>	<u>FIRM'S NAME:</u>	Phone #:	Type of Business:
From (Mo./Yr.): _____	Address (Street/City/State/Zip):		
To (Mo./Yr.): _____			
Total: Yrs: ____ Mos: ____			
Reasons for Leaving:	Your Title:	Name/Title of Supervisor:	
	Duties:		
<i>Length of Employment</i>	<u>FIRM'S NAME:</u>	Phone #:	Type of Business:
From (Mo./Yr.): _____	Address (Street/City/State/Zip):		
To (Mo./Yr.): _____			
TOTAL: Yrs: ____ Mos: ____			
Reasons for Leaving:	Your Title:	Name/Title of Supervisor:	
	Duties:		
<i>Length of Employment</i>	<u>FIRM'S NAME:</u>	Phone #:	Type of Business:
From (Mo./Yr.): _____	Address (Street/City/State/Zip):		
To (Mo./Yr.): _____			
TOTAL: Yrs: ____ Mos: ____			
Reasons for Leaving:	Your Title:	Name/Title of Supervisor:	
	Duties:		

*****PLEASE LIST ANY FURTHER EMPLOYMENT ON ADDITIONAL SHEET OF PAPER*****

List any special skills or training/courses you have completed which are relevant to the position you are seeking:

How did you learn about the job you are applying for? _____

Do you have a relative who works for Clarity? _____

Have you ever been bonded? Yes No Refused bond? Yes No If yes, please explain: _____

FEDERAL LAWS PROHIBIT DISCRIMINATION ON THE BASIS OF RACE, COLOR, RELIGION, SEX, AGE, DISABILITY, AND NATIONAL ORIGIN. STATE LAWS PROHIBIT DISCRIMINATION BECAUSE OF AGE, DISABILITY, MARITAL STATUS, RACE, COLOR, SEXUAL ORIENTATION, RELIGION, SEX, ARREST RECORD, AND NATIONAL ORIGIN.

AMERICANS WITH DISABILITIES ACT

The ADA protects qualified individuals with a disability. Clarity Wellness Community abides by the rules and regulations of the newly adopted Americans with Disabilities Act (ADA). If you are disabled as defined by the ADA and would like to request reasonable accommodation(s), please contact Corinna McKnight, Chief Operations Officer.

DISCLAIMER AND SIGNATURE

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservations, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this applications, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that as part of the application process that the employer may require specific background checks to be completed in compliance with New York State Office of Mental Health and Office of Children and Family Services regulations or release of driver’s license record and abstract in compliance with New York State Department of Motor Vehicle regulations. A non-clinical background check is completed for all non-clinical applicants. I also understand that if I am considered for employment, Clarity is required by law to inquire with the Office of Inspector General and Medicaid Fraud or Program Integrity Issues to ensure eligibility in the federally sponsored health care programs such as Medicare and/or Medicaid.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer’s president.

I understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature of Applicant: _____

Date: _____

Employment Application Supplement
Clarity Wellness Community

NOTICE OF SOCIAL SERVICES LAW 424-a PROCEDURES

To determine if indicated report of child abuse or mistreatment is on file with the State Central Register of Child Abuse and Maltreatment.

Please read this carefully. It may impact your continued employment with Clarity Wellness Community.

Section 424-a of the New York State Social Services Law enables Clarity Wellness Community to inquire whether an employee or volunteer is the subject of an indicated report of child abuse or maltreatment on file with the State Central Register of Child Abuse and Maltreatment (Department of Social Services).

In addition, this same section of the law requires that all employees be notified that if you have the potential for regular and substantial contact with children, you will be requested to complete a form specifically designed for making this inquiry. Clarity Wellness Community will then submit the form to the State Central Register to begin the inquiry process. The State Central Register will notify you if the result of an inquiry shows that you are the subject of an indicated report of child abuse or maltreatment. Clarity Wellness Community will not be notified of a finding, until the applicant has been contacted.

If the State Central Register replies to our inquiry that you are the subject of an indicated report of child abuse or maltreatment, we must consider that factor, along with other background information, in determining whether to retain you as an employee, to retain you in another employment capacity, or to retain you in your current position. You will receive instructions from the State Central Registry to appeal any finding they notified you of. If you follow the appeal process, your determination might be reversed, and Clarity Wellness Community will be notified you are cleared for employment. If you chose not to appeal the decision by the State Central Register, it will be determined that you do not wish to continue your employment with Clarity Wellness Community

If your employment is terminated, and such termination is based, in whole or in part on the existence of an indicated report of child abuse or maltreatment, you will be informed of this decision in writing.

All information obtained through this process is confidential.

Signature: _____

Date: _____

Employment Application Supplement

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APPLICANT DATA RECORD

(Completion of the information on this page is Voluntary.)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

As required, we comply with all government regulations including Affirmative Action obligations where they apply.

To comply with requirements regarding government record keeping, reporting, and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is not part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Date: _____

Position(s) Applied For: _____

Referral Source: Advertisement Relative Friend
 Employment Agency Employee Referral Web Page/Facebook

Applicant's Name: _____

Address: _____
 Street

_____ City State Zip

_____ Email

CHECK ONE: Male Female

CHECK ONE OF THE FOLLOWING RACE/ETHNIC GROUP:

Hispanic Black White American Indian/Alaskan Native
 Asian/Pacific Islander Other - _____

CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

Veteran Disabled Disabled Veteran