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SINCE 1995

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Brooklyn, NY 11234
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arcny.org

APPLICATION FOR EMPLOYMENT

The ARC Inc. is an Equal Opportunity Employer and is committed to excellence through diversity. Employment offers are made to qualified applicants without regard to race, color, creed, religion, age, national or ethnic origin, disability, marital status, sexual orientation, veteran status and arrest or conviction record or any other characteristic protected by law. Employment decision will be made on the basis of education and ability.

PERSONAL INFORMATION

APPLICANT'S NAME: _____ SOC. SEC. #: XXX - XX - _____ (last 4 only)

ADDRESS: _____
(Street Address) (Apt#) (City) (State) (Zip Code)

PHONE CONTACT: 1. Cell (____) _____ - _____ 2. House (____) _____ - _____

Are you legally eligible to work in the U.S.? Yes/ No: In accordance with Immigration Reform Act of 1986.
If hired Proof of eligibility will be required.

Are you 18 years of age or older? Yes No/ If No, you will be required to provide an Employment Certificate from your school.

EMPLOYMENT INFORMATION

Type of Position required: _____ Full Time Part Time Per Diem

Days and Hours available to Work: _____ Salary desired: \$ _____ per hour (optional)

If an offer of employment is made, when would you be available to start? _____

Have you ever been employed by ARC Inc? Yes / No If yes, When/Where? _____

Reason for leaving: _____

If No, How did you learn about this employment opportunity at ARC? _____

HEALTH

TB/PPD Testing: If hired, prior to start date a record of PPD/TB testing completed within 6 months prior to start of employment must be presented.

As a condition of employment you may be required to undergo medical/physical examination and drug screening.

Are you willing to take a medical/physical exam and drug screening if required? [] Yes / [] No

EDUCATIONAL BACKGROUND

PLEASE NOTE; ALL POSITIONS REQUIRES AT LEAST A HIGH SCHOOL/GED DIPLOMA.

LIST SCHOOL NAMES	ADDRESS CITY / STATE /ZIP	YEARS COMPLETED	DID YOU GRADUATE	AREA OF STUDY
HIGH SCHOOL DIPLOMA / GED			<input type="checkbox"/> YES	
			<input type="checkbox"/> NO	
COLLEGE/ UNIVERSITY			<input type="checkbox"/> YES	
			<input type="checkbox"/> NO	
OTHER SCHOOL Technical Vocational			<input type="checkbox"/> YES	
			<input type="checkbox"/> NO	

Are you presently enrolled in school/college/university? [] Yes / [] No
 If yes, what days/hours do you attend? _____

If No, are you planning to attend classes? [] Yes / [] No. If yes, When? _____

SKILLS & EXPERIENCE:

List any training/skills/credentials/license you feel is relevant to the job/s for which you are applying; *Example: AMAP, SCIP/SCIP-R, First Aid, CPR etc.*

Driving:

Some positions will require driving of agency van/s to transport individuals served:

Do you have a valid Driver License [] Yes / [] No

State where Issued: _____ Expiration Date: ____/____/____

How long have you had your license? _____

Can you drive a 15 passenger Van? [] Yes / [] No

EMPLOYMENT HISTORY/WORK EXPERIENCE

Provide your work history beginning with your current or most recent employer.
Must be completed in full. DO NOT complete with the notation "See Resume." Include full-time military or volunteer service or commitments. The ARC Inc., reserves the right to contact all current and former employers to verify reference information.

Name of Organization/Company	Address:
Phone Number	Job Title:
Dates of Employment ____/____ to ____/____	Primary Duties: _____ _____
Direct Supervisor's Name	Supervisor's Title
If no longer employed, reason for leaving:	

Name of Organization/Company	Address:
Phone Number	Job Title:
Dates of Employment ____/____ to ____/____	Primary Duties: _____ _____
Direct Supervisor's Name	Supervisor's Title
If no longer employed, reason for leaving:	

Name of Organization/Company	Address:
Phone Number	Job Title:
Dates of Employment ____/____ to ____/____	Primary Duties: _____ _____
Direct Supervisor's Name	Supervisor's Title
If no longer employed, reason for leaving:	

Have you have worked under another name other than listed? Yes No

If yes, List the name/s you have worked under: _____

PERSONAL REFERENCES

Please provide 3 personal references. DO NOT list family or employers.

Names of References	Address of References	Phone #	Relationship

CRIMINAL HISTORY/BACKGROUND CHECK & DISCLOSURE

PLEASE READ CAREFULLY

As part of the application process any offer of employment / agreement to volunteers/interns, will be contingent upon clearance by the OPWDD /Justice Center for history of substantiated Abuse & Neglect, Finger print clearance and clearance from the Statewide Central Registrar for Child Abuse and Mistreatment

Note: A conviction for certain crimes may affect your suitability for employment in a position that will require substantial, unsupervised contact with individuals in New York State Office for People with Developmental Disabilities-OPWDD /Dept of Mental Health certified programs. This will include interns, volunteers, and contractors.

There are procedures to obtain, review and, if necessary, seek correction of criminal history information. You have the right to withdraw your application for employment or volunteer service without prejudice, any time before ARC receives and reviews the summary of any criminal history information.

The results of the criminal history information check forwarded to the Justice Center by DCJS and the FBI will be confidential pursuant to the applicable federal and state laws, rules and regulations, and will only be disclosed to persons authorized by ARC. Criminal history information will be considered pursuant to Article 23-A of the NYS Correction Law in making hiring determinations.

Questions:

1. Is there any report or investigation of Child Abuse or Mistreatment / or a report of or investigation of any abuse or Maltreatment of a person who is intellectually or physically disabled.

Yes No

If yes, Explain: _____

I certify to the best of my knowledge that I: (check as appropriate)

___ have been convicted of a crime in New York State or any other jurisdiction.

___ have pending arrest charges.

If checked, provide details: _____

You have NOT been convicted of a crime if:

- a. **Your conviction was sealed; dismissed; reversed; resulted in a youthful offender (YO) or juvenile delinquency (JD) adjudication; resulted in a conviction for a non-criminal violation offense; or if you were acquitted;**
- b. **You received an Adjudgment in Contemplation of Dismissal (ACD) and the adjournment period has elapsed; or**
- c. **You withdrew your plea after completing a treatment program, and were not convicted of a felony or misdemeanor.**

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I have read and understand the conditions for consideration for employment and I declare that the information on this application is accurate to the best of my knowledge.

I understand that any omission of facts/false information could be grounds for elimination from employment consideration or termination of employment if discovered after hired.

If hired I agree to adhere to the rules, regulations, policies and procedures of ARC Inc.

Print Name: _____

Signature: _____ **Date:** _____

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NOTE: This Application for Employment will be considered active for 1 year. After 1 year if you have not been contacted for interview and you are still interested in being considered a new application must be filed.

Consent for Release of Information

I _____ hereby consent /authorize to the release of my information to The Adult Resources Center, Inc/ARC Inc. I also release the ARC. Inc., and my current and former employers, from any liability as it relates to inquiries in connection with this application for employment. I understand that it may be necessary for ARC Inc., to use my social security number to obtain employment information.

Applicant Signature : _____ **Date:** _____