



United Cerebral Palsy Association of Greater Suffolk, Inc.
 250 Marcus Boulevard, Hauppauge, New York 11788
APPLICATION FOR EMPLOYMENT

United Cerebral Palsy Association of Greater Suffolk, Inc., ("UCP of Long Island") is an Equal Opportunity Employer and will consider applicants for all positions without regard to race, religion, color, creed, ancestry, gender (including gender identity), pregnancy (including pregnancy related impairments), sexual orientation, alienage or citizenship status, marital status, familial status, criminal conviction record, status as a victim of domestic violence, national origin, age, disability, genetic information (including predisposing genetic characteristics), military/veteran status or any other classification protected by federal, state, and local laws and ordinances.

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. The Agency also provides reasonable accommodations to disabled individuals to assist in the hiring process and to qualified individuals with disabilities in the performance of essential job functions without imposing a hardship on the Agency, as required by federal, state or local law. The Agency also is committed to accommodating religious beliefs.

Position Applied For: _____ **Date of Application:** _____

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

Other _____

Employee Referral (*Print Full Name of Employee*) _____

Last Name	First Name	Middle Name	
Street Address	City	State	Zip Code
(_____) _____ - _____		_____ @ _____	
Contact #		Email Address (If available)	

Pursuant to the Immigration Reform and Control Act of 1986, all applicants who are offered employment must produce documents establishing their identity and authorization for employment in the United States. These documents must be produced no later than seventy-two (72) hours after employment commences. In addition, all new hires will be required to verify their employment authorization under oath by signing INS Form 1-9.

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 **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 Has an allegation of abuse or neglect ever been substantiated against you in a program operated or certified by OPWDD?
If yes, please provide dates and specifics: _____

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 Per Diem

What shift(s) 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 <i>(Check)</i>	<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 <i>(Check)</i>	<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 <i>(Check)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT EXPERIENCE

Start with your present or last job. You may exclude any organizations 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. Resumes may not be substituted in lieu of completing the following employment information.

CURRENT OR MOST RECENT POSI-

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

NEXT RECENT POSITION

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

NEXT RECENT POSITION

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

NEXT RECENT POSITION

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

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

REFERENCES

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
		()
		()
		()
		()

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
		()
		()
		()
		()

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

Do you have at least one year licensed driving experience? Yes No

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

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

ADDITIONAL TRAINING OR EXPERIENCE

Other Qualifications

Describe any specialized training, job related skills, apprenticeship skills, extra-curricular activities and qualifications acquired from employment or other experience

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.*

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

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 of Long Island 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 of Long Island 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 of Long Island, at any time, can constitute an implied or expressed contract of employment. I further understand no representative or agent of UCP of Long Island has the authority to enter into an agreement of 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 of Long Island's requirements including, but not limited to, signing any requested consent for UCP of Long Island 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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