



# Application

for Employment or Volunteer Work

## SECTION I

Date \_\_\_/\_\_\_/\_\_\_ Position applied for \_\_\_\_\_

Referred by: Advertisement  (which one?) \_\_\_\_\_

Do any relatives work here? No  Yes  (name) \_\_\_\_\_

Relationship \_\_\_\_\_

## SECTION II

Name \_\_\_\_\_

Email \_\_\_\_\_ last first middle Ph \_\_\_\_\_ / \_\_\_\_\_ Best time to reach you \_\_\_\_\_ am  pm

Address \_\_\_\_\_ home work

P.O. Box /Street city state zip

Are your work records under another name/names? No  Yes  (specify) \_\_\_\_\_

Have you previously filed an application with SullivanArc? No  Yes  (dates) \_\_\_\_\_

Have you previously been employed by SullivanArc? No  Yes  (dates) \_\_\_\_\_

Are you 18 or over? No  Yes  Available to start on \_\_\_\_\_

Schedule desired (check all that apply): Full time  Part time  Relief  Days  Nights  Evenings  Weekends

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

Are you legally eligible for employment in the U.S.A.? No  Yes

Have you ever been convicted of a crime? No  Yes  (date) \_\_\_\_\_

Do you have any pending criminal charges? No  Yes  (date) \_\_\_\_\_

Description of both \_\_\_\_\_

(Conviction or pending charges will not necessarily disqualify you from employment.)

## SECTION III

Please be advised that employment offers will be conditional for those positions that require driving. No firm offer will be made until verification of your license and driving history has been completed. Do you currently have a valid NYS or Out of State driver's license? \_\_\_ Yes \_\_\_ No If out of state, what state? \_\_\_\_\_ Number of Years Driving: \_\_\_\_\_

Specify any moving violation within the last three (3) years and any suspensions, revocations, DWI/DUAI infractions, convictions, or any other vehicular accidents involving injury to persons or property.

**SECTION IV**  
**Educational Experience**

Education	Name/Address of School	Did You Graduate?	Degree or Diploma
High School		Y <input type="checkbox"/> N <input type="checkbox"/>	
College		Y <input type="checkbox"/> N <input type="checkbox"/>	
Other		Y <input type="checkbox"/> N <input type="checkbox"/>	

**SECTION V**  
**Employment Experience** (if you need more space, use an additional sheet of paper)

Name & Address of Company	Date/Year		Salary		Reason for leaving	Name of Supervisor
	From	To	Starting	Ending		
<b>Describe the work you did.</b>						
<b>Telephone: ( )</b>						

Name & Address of Company	Date/Year		Salary		Reason for leaving	Name of Supervisor
	From	To	Starting	Ending		
<b>Describe the work you did.</b>						
<b>Telephone: ( )</b>						

Name & Address of Company	Date/Year		Salary		Reason for leaving	Name of Supervisor
	From	To	Starting	Ending		
<b>Describe the work you did.</b>						
<b>Telephone: ( )</b>						

**SECTION VI**  
**Other Work Experience**

List any other experiences, skills, qualifications, professional licenses you believe will be beneficial in considering your application.

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**SECTION VII  
Personal References**

List four names, NOT former employers or relatives

Name	Mailing Address	Area Code/Telephone

**SECTION VIII  
Please read and sign**

*I affirm that the facts set forth in my application are true and complete. I understand that if employed, any omission of facts or false statement on this application may result in my dismissal. I further understand that this application is not, and is not intended to be, a contract of employment nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party without notice, at any time, for any reason or no reason. No one other than an officer of the agency has any authority to enter into any agreement for any employment for any specific period of time or to make any agreement contrary to the foregoing and then only in a written signed statement by an officer.*

*I authorize SullivanArc to make inquiries and investigations of my person, employment history and other related matters as may be necessary in arriving at the employment decision. I hereby release employers, schools and persons from all liability in responding to inquiries in connection with my application.*

*I also understand that I am required to abide by all rules and regulations of the agency and that I will be required to provide proof of citizenship or work permit at time of employment.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

CORE VALUES	OUR MISSION
<p><b>Recognize that the Consumer Comes First</b> We value consumer independence and individuality by promoting inclusion and meaningful lives through self-determination while safeguarding health and welfare.</p> <p><b>Investing in Our Workforce</b> We provide a safe environment, training, support and sensitivity, and are committed to using program surpluses to increase compensation and professional growth.</p> <p><b>Demonstrating Trustworthiness and Honesty in Everything We Do</b> We expect all members of our organization to be trustworthy and honest in word and deed.</p> <p><b>Meeting or Exceeding Expectations</b> We strive to excel at A best practices® to satisfy Aall customers®.</p> <p><b>Acknowledging the Humanity of All</b> We promote dignity and respect in all interactions.</p>	<p><b>To enable persons of all ages with disabilities to live as contributing members of the community by promoting:</b></p> <ul style="list-style-type: none"> <li>● Inclusion</li> <li>● Independence</li> <li>● Individualization</li> <li>● Productivity</li> <li>● Self-determination</li> </ul>



All items must be checked and this form completed, before offering this position.

- All References    Forms:  Last Employer    Previous Employer    Personal    Phone References:  #1    #2    #3    #4
- Copy of HS/GED/AA/BA/MA    Documentation must be on hand before employee begins work.
- Human Resources notified

Position offered? No  Yes  Title \_\_\_\_\_ Start Date \_\_\_\_\_ Shift \_\_\_\_\_

Bi-Weekly Hours \_\_\_\_\_ Replacement For: \_\_\_\_\_

Position offered by \_\_\_\_\_ Date \_\_\_\_\_

Salary \_\_\_\_\_ Cost Center \_\_\_\_\_ NEW Employee Phone Extension \_\_\_\_\_

Supervisor Assigned \_\_\_\_\_ Date \_\_\_\_\_

Program/Department Authorization \_\_\_\_\_ Date \_\_\_\_\_

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**FOR HUMAN RESOURCE USE ONLY**

Date Received _____
Date Sent to program _____
Program _____
Position _____
Date Returned to HR _____
Letter to Be Sent _____

# JOB APPLICANT WORK REFERENCE FORM

## *1. Applicant Release*

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

Attention: \_\_\_\_\_

I have applied for a position with SullivanArc. The agency's selection process requires professional references. Please accept this as my authorization to release the information requested on the Employer Verification form below. I hereby release the above employer, school or person from all liability in responding to inquiries in connection with my application for employment with SullivanArc.

Name of Applicant (please print) \_\_\_\_\_

Signature \_\_\_\_\_

## *2. Employer Verification*

Position held: \_\_\_\_\_

Employed from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending salary \$ \_\_\_\_\_

Reason for separation: \_\_\_\_\_

Eligible for rehire  Yes  No Reason: \_\_\_\_\_

Completed by \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

### **For Use By SullivanArc**

Confirmed Date \_\_\_\_\_ By whom \_\_\_\_\_

## *3. Please Return to*

SullivanArc  
Human Resource Office  
162 East Broadway  
Monticello, NY 12701

*Note: SullivanArc will confirm all references by phone.*



## JOB APPLICANT PERSONAL REFERENCE FORM

*To be completed and returned by non-family, non-employer reference*

### ***1. Applicant Release***

Name of Reference \_\_\_\_\_  
Address \_\_\_\_\_

I have applied for a position with SullivanArc. The agency's selection process requires professional references. Please accept this as my authorization to release the information requested on the Personal Verification form below. I hereby release the above person from all liability in responding to inquiries in connection with my application for employment with SullivanArc.

Name of applicant (please print) \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

### ***2. Personal Verification***

Relationship to Applicant \_\_\_\_\_  
Length of time acquainted \_\_\_\_\_

Please give a brief summary of the applicant's character: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Phone \_\_\_\_\_

***3. Please Return to:*** SullivanArc  
Human Resource Office  
162 East Broadway  
Monticello, NY 12701

<b>For Use By SullivanArc</b>
Confirmed Date _____ By whom _____

***Note: SullivanArc will confirm all references by phone.***

## CRIMINAL HISTORY RECORD CHECK CONSENT FORM

I understand that SullivanArc is required to/authorized by New York State law to request a check of my criminal history record and to review the results of the check.

### PLEASE READ EACH STATEMENT BEFORE SIGNING

If I am an applicant for employment, I may withdraw my request without prejudice at any time before my application is accepted or declined regardless of whether my criminal history record information has been reviewed.

I have been informed that I have the right to obtain, review and seek correction of my criminal history record information under regulations and procedures established by the New York State Division of Criminal Justice Services.

I have been informed of the reason for the request for my criminal history record information.

I give consent to such request for a criminal history record check.

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Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street/P.O. Box

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SullivanArc**

Human Resources Department  
162 East Broadway  
Monticello, NY 12701

Dear Applicant:

Thank you for your interest in employment with SullivanArc.

Effective April 1, 2005, New York State Law states that prospective employees, volunteers, or operators who will have regular and substantial unsupervised or unrestricted contact with individuals with developmental disabilities must consent to having his/her fingerprints taken and a criminal background check performed. If you are offered a position, you will be contacted by the Human Resources Department to have your fingerprints taken.

By law you do have the right to obtain, review and seek correction of your criminal history record information under regulations and procedures established by the New York State Division of Criminal Justice Service.

SullivanArc would like to thank you in advance for your cooperation in the application process. If you have any questions, please contact the Human Resources Department of SullivanArc.

Sincerely,  
SullivanArc Human Resources Department