



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

Your Name _____ SS# _____

_____ last first middle

Email _____ Ph _____ / _____ Best time to reach you _____ am ? pm ?

_____ home work

Address _____

_____ 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? (if no, state age) _____ 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 currently have any criminal charges pending? No? Yes? (date) _____

Description of both _____

(Conviction will not necessarily disqualify you from employment.)

SECTION III

Information in this section pertains to positions requiring driving. We WILL do a license check.

Driver's license # _____ Class _____ State _____ Expiration Date _____ Years Driving _____

Specify any moving violations within the last three years and any suspensions, revocations, DWI/DUI infractions, convictions, or any other vehicular accidents involving injury to persons or property.

SECTION IV
Educational Experience

Education	Name/Address of School	Course of Study	Did You Graduate?	Degree or Diploma
High School			Y? N?	
College			Y? N?	
Other			Y? N?	

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
	<i>From</i>	<i>To</i>	<i>Starting</i>	<i>Ending</i>		
Describe the work you did:						
Phone: ()						

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

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

SECTION VI
Other Work Experience

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

SECTION VII
Personal References

List four names, NOT former employers or relatives

Name	Mailing Address	Area Code/Phone

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 writing signed by an officer.

I authorize SullivanArc to make inquiries and investigations of my person, employment, 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* _____

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

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.

? Abstract for position requiring driving.

? Human Resources notified

Position offered? No? Yes ? Title_____ Start Date_____ Shift_____

Position offered by_____ Date_____

Salary_____ Cost Center_____ New Employee Phone Extension_____

Supervisor Assigned_____ Date_____

Program/Department Authorization_____ Date_____

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 _____

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

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

FOR USE BY SULLIVANARC

Confirmed Date _____ By whom _____

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FOR USE BY SULLIVANARC

Confirmed Date _____ By whom _____

**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

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

FOR USE BY SULLIVANARC

Confirmed Date _____ By whom _____