

NORTHERN REGIONAL CENTER FOR INDEPENDENT LIVING, INC.

APPLICATION FOR EMPLOYMENT

Northern Regional Center for Independent Living is an Equal Opportunity Employer. All applicants are considered for employment without regard to race, creed, color, national origin, religion, gender, age marital status, veteran status, citizenship status, sexual orientation, disability and any other legally protected groups. Applicants who desire accommodation in completing this form are invited to discuss their needs with the Executive Director. Please print your answers clearly in ink. Fill in all spaces. If an item does not apply, write "N/A". This application form will not be considered if not fully completed by the applicant. This application form will be considered current for six (6) months from this date. After that time, if you wish to be considered for employment, you must submit a new application form.

Today's Date _____

Name _____

Current Address _____

Previous Address (if current is less than one year) _____

Telephone Number _____ Email Address _____

Have you ever been convicted of a crime in civilian or military court? YES NO

If "yes" please give details: _____

Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.

Have you ever been the subject of a child abuse, maltreatment or neglect report? YES NO

If "yes" please give details: _____

Have you ever applied to or been employed by NRCIL? _____ If yes, when? _____

Position Desired: _____ Salary Desired _____

Do you have a NYS Driver's License? _____ License No.: _____ Exp. Date: _____

Is there additional information relative to change of name, use of assumed name or nickname necessary to enable a check on your record? _____ If yes, please explain.

EMPLOYMENT HISTORY: List all employment for the past ten (10) years indicating the most recent employer first. You must complete this section in its entirety even though you may have a resume. Your application will not be considered unless every question in this section is answered.

Employer's Name:	Employment Dates:
Employer's Address:	Job Title:
	Major Duties:
Supervisor's Name:	Type of Business:
Supervisor's Title:	May we contact?
Telephone No:	Reason for leaving:

Employer's Name:	Employment Dates:
Employer's Address:	Job Title:
	Major Duties:
Supervisor's Name:	Type of Business:
Supervisor's Title:	May we contact?
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Employer's Name:	Employment Dates:
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Employer's Name:	Employment Dates:
Employer's Address:	Job Title:
	Major Duties:
Supervisor's Name:	Type of Business:
Supervisor's Title:	May we contact?
Telephone No:	Reason for leaving:

If we cannot contact any of the employers listed above, please indicate reason: _____

If you are currently employed, why do you wish to change jobs? _____

LIST FRIENDS OR RELATIVES WHO WORK FOR NORTHERN REGIONAL CENTER FOR INDEPENDENT LIVING:

Name _____ Relationship to Applicant _____

1. _____
2. _____
3. _____

PROFESSIONAL REFERENCES: List three (3) business people, professionals or other persons who are not relatives, former employers or employees of NRCIL:

Name _____ Relationship to Applicant _____ Contact Information/Phone Number _____

1. _____
2. _____
3. _____

EDUCATION	FULL NAME & COMPLETE ADDRESS OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	NAME OF DEGREE OR DIPLOMA RECEIVED
HIGH SCHOOL					
COLLEGE					
OTHER (SPECIFY)					

Are you still in school? _____ If yes, where? _____

How many courses are you taking currently? _____ No. of Credits: _____

What is your course of study? _____

What languages do you speak fluently? _____ Read? _____ Write? _____

List any additional work experience, training, skills, information, licenses, certifications, professional memberships, community services or awards: _____

COMPUTER EXPERIENCE: List all the computer programs you are proficient in below:

Write a paragraph explaining why you feel you would be an asset to NRCIL:

IMPORTANT: PLEASE READ OVER CAREFULLY BEFORE SIGNING:

I certify that the information provided on this application form (and accompanying resume if any) is true and complete to the best of my knowledge. I understand that any false or misleading information or significant omission shall be sufficient cause for rejection and, if employed, immediate dismissal. I hereby authorize release of any information regarding any criminal convictions that may exist against me, and ask my former employer(s) and all other persons named in this application (and accompanying resume, if any) who might have information concerning me to give any information regarding my former employment or any other information they may have regarding me whether or not the same is a matter of record, and hereby release each of them from any liability for any damage whatsoever which I could or might claim because of such disclosure.

I understand that completion of this application form does not indicate that there are positions open and does not in any way obligate Northern Regional Center for Independent Living. I understand that this application form is not a contract of employment. I further understand that federal law prohibits the employment of unauthorized aliens and that all persons hired must submit satisfactory proof of employment authorization and identity and that failure to submit such proof will result in denial of employment. If employed, I agree to abide by and observe all policies, rules and regulations of NRCIL. I further understand and agree that any such future employment is terminable by either party at will, with or without cause or notice.

As a condition of employment I accept the principal welfare of the agency depends on the conduct and honesty of its employees and upon the trust and confidence of the public. Our consumers rightly expect honesty, security and confidentiality in their affairs, I therefore agree to give no unauthorized information relative to the accounts of the agency or its relations to others, and to discuss no matters of a confidential nature relating to the agency's affairs unless such discussion is in the necessary course of the agency's business and is in accordance with agency policy. I also agree to inform the management of the agency without delay of any fraud, false entry, substantial error, embezzlement or staff member misconduct and to report any transaction or matter that seems damaging to the agency. I acknowledge and understand that any violation of this agreement may result in the termination of my employment.

No person other than the Executive Director of Northern Regional Center for Independent Living may modify or amend the provisions stated above. My signature certifies that I have read and agree with the above statements.

Print Name

Signature

Date Signed