

NEW HORIZONS RESOURCES, INC.

123 West Road - Pleasant Valley, NY 12569 - (845) 473-3000 Ext. 1352, Fax (845) 635-3807

APPLICATION FOR EMPLOYMENT

As an equal employment opportunity employer, NHR does not discriminate against applicants or employees because of their age, citizenship status, color, creed, disability (where able to perform the essential functions of the job with or without reasonable accommodation), genetic predisposition or carrier status, marital status, military status, national original, race, religion, national origin, sex (except where a bona-fide occupational qualification), sexual orientation, or on any other basis prohibited by law.

***** PLEASE TYPE OR PRINT IN INK BELOW THIS LINE *****

Name (Last) (First) (Middle)

Current Address (Street) (City) (State) (Zip Code)

Daytime Phone Number Cell Phone Number Alt. Phone Number Email Address

Permanent Address (Street) (City) (State) (Zip Code)
(If different than Current Address)

Position applied for: _____ Wage/Salary Expectations: _____

How many miles / time are you willing to travel? _____ Date Available to Begin Work: _____

Check off Employment Status You Seek: Full Time Part Time Summer Temporary On Call (Relief)

Check off each shift are you able to work (shift times may vary based on program needs):

1st (7am-3pm) 2nd (3pm-11pm) 3rd (11pm-7am)

Check off which days are you able to work:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Check off each location you are able to work:

Amenia East Fishkill Millerton Pleasant Valley (Salt Point) Stormville
 Clinton Corners High Falls Napanoch Poughkeepsie Unionvale (Verbank)
 Clintondale Hyde Park New Paltz Poughquag Wallkill
 Dover Plains Kerhonkson Kingston Pine Bush Wassaic

Have you ever worked for NHR? YES or NO

If YES, when and where?

Have you ever applied to NHR for a job? YES or NO

If YES, when and where?

How were you referred to NHR? (if referred by a current NHR employee, please identify employee (s))

If hired, can you furnish proof that you are eligible to work in the United States? (If unsure of the documentation needed to prove eligibility to work in the US, we will assist you by describing the required documents.) YES or NO If NO, please explain:

Have you ever belonged to a club, organization, society, or professional group which has a bearing upon your qualifications for the job for which you are seeking? YES or NO If YES, please describe:

RECORD of EDUCATION (Must Provide Copy of Diploma/Degree or Transcript If Offered Employment)

Name & Address of School	Graduated		Degree/Diploma Rcvd/Exptd Highest Grade or Credits	Major/Minor Fields of Study
	Yes	No		
High School (Last Attended)				
Colleges/ Universities				
Graduate School				
Other Education/Training Regarding Care of or Services To Individuals With Developmental Disabilities				

BACKGROUND SCREENINGS

Employment may require clearance through OPWDD’s Criminal Background Check, SEL, MHL 16.34, Statewide Central Registry check, and others as required by New York State OPWDD and the Justice Center. Convictions and/or allegations does not automatically disqualify you from employment. Failure to disclose information or misrepresentations will be considered falsification of this application. Please use additional paper if necessary.

Have you ever been convicted of a crime (misdemeanor or felony) in any jurisdiction? YES or NO
If YES, please explain:

Are there any pending/unresolved charges? YES or NO
If YES, please explain:

Have you ever been involved in an allegation of abuse, neglect and/or harassment by any employer/APS/CPS/the agencies listed above/ other)? YES or NO If YES, please explain:

Have you ever been sanctioned by the NYS Justice Center, Office of the Inspector General or excluded from participation in Medicare, Medicaid and/or other Federal health care programs? YES or NO
If YES, please explain:

DRIVER’S LICENSE & DRIVING RECORD

Employment may require clearance through the agency’s motor vehicle insurance carrier. A “YES” answer does not automatically disqualify you from employment. The nature & date of the offense and the type of job offer which you are applying will be considered.

Do you possess a valid current driver license? YES or NO License Number & State _____

Have you ever been convicted of a motor vehicle moving violation offense (including, but not limited to, convictions involving alcohol and/or drugs while driving)? YES or NO

Has your license ever been suspended or revoked? YES or NO

Have you ever been involved in a motor vehicle accident or occurrence involving harm to human beings or property while driving? YES or NO

If YES to any of the above, please explain:

EMPLOYMENT REFERENCES and WORK HISTORY - PLEASE COMPLETE EACH ENTRY IN DETAIL
(Please list your most recent experience first, followed by other employment experiences in chronological order)

1. Name and Address of Employer: _____ _____ _____ Phone: (_____) _____ When may we contact the employer? Circle: Immediately or After Conditional Emp Offer	Starting Position: _____ Starting Date: _____ Nature of Work: _____ Reason for Leaving: _____	Ending Position: _____ Ending Date: _____ Name and Title of Supervisor: _____
2. Name and Address of Employer: _____ _____ _____ Phone: (_____) _____ May we contact the employer? YES or NO	Starting Position: _____ Starting Date: _____ Nature of Work: _____ Reason for Leaving: _____	Ending Position: _____ Ending Date: _____ Name and Title of Supervisor: _____
3. Name and Address of Employer: _____ _____ _____ Phone: (_____) _____ May we contact the employer? YES or NO	Starting Position: _____ Starting Date: _____ Nature of Work: _____ Reason for Leaving: _____	Ending Position: _____ Ending Date: _____ Name and Title of Supervisor: _____

Use this space to describe any previous work history and/or to detail particular job responsibilities listed above. Describe any prior or current experience as an employee, volunteer or certified provider with OPWDD or any other state agency or any other provider of human services. Include any information that relates to prior or current experience in direct care work or any additional information which you feel may be relevant to and aid in performance of duties for the job for which you are applying such as: any hobbies, interests, special skills, training and relevant professional licenses. Please use additional paper if necessary.

PERSONAL REFERENCES WHO CAN ATTEST TO YOUR CHARACTER, REPUTATION & PERSONAL QUALIFICATIONS
***** DO NOT INCLUDE RELATIVES IN THIS LIST *****

First & Last Name - Relationship	Daytime & Evening Phone Numbers
1.	
2.	
3.	
4.	

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND AND AGREE THAT ANY FALSE ANSWER, MISREPRESENTATION OR OMISSION OF FACTS IN MY APPLICATION (OR ANY OTHER DOCUMENTS THAT I COMPLETE AS PART OF THE APPLICATION PROCESS) IS GROUNDS FOR REFUSAL TO HIRE, OR IMMEDIATE DISMISSAL IF I AM HIRED.

I AUTHORIZE ALL EMPLOYERS, SCHOOLS, PERSONS AND ORGANIZATIONS HAVING RELEVANT INFORMATION OR KNOWLEDGE TO PROVIDE IT TO NHR, OR ITS DULY AUTHORIZED REPRESENTATIVE, FOR ITS USE IN DECIDING WHETHER OR NOT TO OFFER ME EMPLOYMENT AND SPECIFICALLY WAIVE ANY REQUIRED WRITTEN NOTIFICATION. I HEREBY RELEASE EMPLOYERS, SCHOOLS, PERSONS AND ORGANIZATIONS FROM ALL LIABILITY IN RESPONDING TO INQUIRIES IN CONNECTION WITH MY APPLICATION.

I UNDERSTAND THAT IF I AM CONDITIONALLY OFFERED EMPLOYMENT NHR WILL CONDUCT AN EXCLUSION CHECK TO VERIFY THAT I HAVE NOT BEEN EXCLUDED FROM FEDERALLY SPONSORED HEALTHCARE PROGRAMS (SUCH AS MEDICARE AND MEDICAID) AS PART OF THE PRE-EMPLOYMENT SCREENING PROCESS. IF THE EXCLUSION CHECK INDICATES THAT I HAVE BEEN EXCLUDED FROM FEDERAL HEALTHCARE PROGRAMS, I UNDERSTAND THAT I CANNOT BE EMPLOYED BY OR CONDUCT BUSINESS WITH NEW HORIZONS RESOURCES, INC.

I ALSO UNDERSTAND THAT IF I AM CONDITIONALLY OFFERED EMPLOYMENT FOR A POSITION IN WHICH I WILL HAVE REGULAR AND SUBSTANTIAL UNSUPERVISED OR UNRESTRICTED PHYSICAL CONTACT WITH PEOPLE RECEIVING SERVICES, I SHALL PROVIDE INFORMATION, STATEMENTS AND FINGERPRINTS AS MAY BE NECESSARY FOR A CRIMINAL HISTORY RECORD INFORMATION CHECK TO BE CONDUCTED. THE RESULTS OF THIS CHECK SHALL BE REVIEWED BY NHR. I UNDERSTAND THAT I HAVE THE RIGHT TO OBTAIN, REVIEW AND SEEK CORRECTION TO MY CRIMINAL HISTORY RECORD INFORMATION PURSUANT TO REGULATIONS AND PROCEDURES ESTABLISHED BY THE NYS DIVISION OF CRIMINAL JUSTICE SERVICES (DCJS) AND THE FBI.

I FURTHER UNDERSTAND THAT IF I AM CONDITIONALLY OFFERED EMPLOYMENT FOR A POSITION WITH THE POTENTIAL FOR REGULAR AND SUBSTANTIAL CONTACT WITH CHILDREN, NHR MUST SUBMIT MY NAME TO THE STATEWIDE CENTRAL REGISTER OF CHILD ABUSE AND MALTREATMENT TO DETERMINE IF I AM THE SUBJECT OF AN INDICATED REPORT OF CHILD ABUSE OR MALTREATMENT.

IN SIGNING THIS FORM, I CERTIFY THAT I UNDERSTAND ALL OF THE QUESTIONS AND STATEMENTS IN THIS APPLICATION.

SIGNATURE OF APPLICANT

TODAYs DATE

*****Please note: This application must be filled out completely. Incomplete or missing information on ANY area of the application will result in NHR being unable to consider you for employment.*****