



MAIN OFFICE: 1020 Mary Street, Utica, NY 13501

Phone: (315)724-6907 Fax: (315)724-7066

www.upstatecp.org

### APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Present Address \_\_\_\_\_  
Number Street City State Zip Code

Home Telephone (\_\_\_\_)\_\_\_\_\_ Alternate Telephone (\_\_\_\_)\_\_\_\_\_ Email Address \_\_\_\_\_

Do you possess a valid driver's license? ( ) Yes ( ) No State \_\_\_\_\_

Position Applied For or Area of Interest \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range \$ \_\_\_\_\_

Type of employment desired: ( ) Full Time (Please circle all that apply: Days Evenings Overnights Weekends)  
( ) Part Time (Please circle all that apply: Days Evenings Overnights Weekends)  
( ) Other (Please explain \_\_\_\_\_)

Location Preferred (Check all that apply) ( ) Boonville/Lowville ( ) Barneveld ( ) Canastota ( ) Sauquoit  
( ) Rome ( ) Stittville/Marcy/Poland ( ) Herkimer/Little Falls ( ) Hamilton/Morrisville ( ) Utica ( ) Any

What is the furthest distance you are willing to travel to work? \_\_\_\_\_ miles

Are you either a U.S. citizen or an alien who has the legal right to remain and work in the U.S.? ( ) Yes ( ) No  
*You will be required to furnish proof of lawful work status if you are extended a job offer.*

Are you either: (1) over 18 years of age; or (2) under 18 and able to furnish a work permit if employed? ( ) Yes ( ) No

Have you ever filed an application with Upstate Cerebral Palsy? ( ) Yes ( ) No  
If yes, give date \_\_\_\_\_

Have you ever been employed with Upstate Cerebral Palsy? ( ) Yes ( ) No  
If yes, give dates and location \_\_\_\_\_

Were you referred by an Upstate Cerebral Palsy employee? ( ) Yes ( ) No  
If yes, name of employee \_\_\_\_\_

Have you ever volunteered at Upstate Cerebral Palsy? ( ) Yes ( ) No  
If yes, give dates and location \_\_\_\_\_



Upstate Cerebral Palsy is a drug free workplace. Upstate Cerebral Palsy is an Equal Employment Opportunity Employer. All prospective employees will receive consideration on the basis of qualifications and without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability, sexual orientation, or any other legally protected status, unless a bonafide occupational qualification exists.

Have you ever completed an internship at Upstate Cerebral Palsy?  
 If yes, give dates and location \_\_\_\_\_

( ) Yes ( ) No

Are you currently employed?

( ) Yes ( ) No

May we contact your present employer?

( ) Yes ( ) No

If not, when may we contact your employer? \_\_\_\_\_

## Educational History

### High School/Graduate Equivalency Diploma

1. Name	City	State	Zip Code	Did you Graduate?
<b>College/University/Professional &amp; Trade Schools</b>				

#### 1. Institution Name

Address	Degree Earned/ Major	Attended From	Attended To	Did you Graduate?	Number of Credits
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#### 2. Institution Name

City	State	Zip			
Address	Degree Earned/ Major	Attended From	Attended To	Did you Graduate?	Number of Credits

#### 3. Institution Name

City	State	Zip			
Address	Degree Earned/ Major	Attended From	Attended To	Did you Graduate?	Number of Credits

City	State	Zip
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Professional-License No. \_\_\_\_\_ Permit No. \_\_\_\_\_ Registration No. \_\_\_\_\_

*Employees must provide a copy of required licenses.*

Describe any specialized training, apprenticeship and skills.

Please indicate your computer skill level:

( ) **Basic** (Microsoft Windows, Word, Internet Explorer, Outlook)

( ) **Intermediate** (Microsoft Windows, Word, Excel, Internet Explorer, Outlook, Adobe Acrobat)

( ) **Advanced** (Microsoft Windows, Word, Excel, Access, Internet Explorer, Outlook, Adobe Acrobat)



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# Employment History

List below your work experiences (starting with your present or most recent employer) for the last five years or your last four employers, whichever will provide us with the greatest information about you. Please account for all periods of unemployment in this section.

FROM:	Month	Year	Employer's Name	May We Contact:	Job Title
TO:	Month	Year	Employer's Address (City, State, Zip)	Supervisor's Name	
Phone Number		Current Salary	Starting Salary	Hours worked per week	Reason for Leaving:
Brief Description of Duties:					

FROM:	Month	Year	Employer's Name	May We Contact:	Job Title
TO:	Month	Year	Employer's Address (City, State, Zip)	Supervisor's Name	
Phone Number		Current Salary	Starting Salary	Hours worked per week	Reason for Leaving:
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Phone Number		Current Salary	Starting Salary	Hours worked per week	Reason for Leaving:
Brief Description of Duties:					

Is this your complete employment history? ( ) Yes ( ) No

If no, please explain:

Do you have a copy of your last job performance evaluation available for us to review? ( ) Yes ( ) No

If yes, please attach a copy or forward to the Human Resources Department within five (5) business days.



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Have you ever been convicted of a crime, including misdemeanors, in any jurisdiction? ( ) Yes ( ) No  
If yes, please describe fully the criminal conviction(s) listing the nature of the offense, your age at the time of the offense and your rehabilitation since the conviction(s) in the space provided below.

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*A conviction(s) record is not an automatic bar from employment. Each case is evaluated in relation to the duties and responsibilities of the position for which you are applying.*

Do you have any pending criminal charges in any jurisdiction? ( ) Yes ( ) No  
If yes, please explain: \_\_\_\_\_

Have you ever been investigated or sanctioned from participating in Medicare or Medicaid Programs, or is any action or proceeding pending that might result in such sanction? ( ) Yes ( ) No  
*If yes, please provide dates of the occurrence(s) and specify the allegations.*

Are you under investigation or have you been sanctioned by the Office of Professional Discipline or similar licensure/certification monitoring agency? ( ) Yes ( ) No  
*If yes, please provide dates of the occurrence(s) and specify the allegations.*

Have you had any convictions against the Vehicle and Traffic laws of New York State or and other state?  
*If yes, please provide dates of the occurrence(s) and specify the allegations.* ( ) Yes ( ) No

### **Acknowledgment & Authorization**

I certify that all information and responses I have provided in this application are true and complete. I understand that a material omission or a false or misleading answer to any question in the application process is grounds for immediate dismissal.

I authorize Upstate Cerebral Palsy to conduct a background check to investigate all statements contained in the application for employment as may be necessary in arriving in an employment decision. I also give Upstate Cerebral Palsy permission to request and receive information from my previous employers, my references, and any other with knowledge or records relating to the information in my application.

I understand that, pursuant to the requirements of New York State law, I may be required to provide information, statements, and fingerprints to complete a criminal history record check. After a conditional offer of employment has been made, if requested, I agree to take a job-related medical examination/health assessment at no personal expense. I authorize the examining medical provider to disclose the findings of such exams to Upstate Cerebral Palsy.

I understand that any offer of employment will be conditioned upon the satisfactory results of a criminal background check (including fingerprinting as required for the position), satisfactory completion (or results) of any applicable medical examination(s)/ health assessments(s), receipt of satisfactory references, and other criteria as determined by the program into which I am being hired.

I understand that this application is not a contract of employment. I also understand that any potential employment relationship with Upstate Cerebral Palsy will be on a 3 month introductory basis. In addition, unless otherwise defined by applicable law, any potential employment relationship with Upstate Cerebral Palsy is of an "at will" nature, which means that the employee may resign at any time and Upstate Cerebral Palsy may discharge the employee at any time with or without cause. I understand that no management representative has any authority to enter into any agreement for continuing employment for any specific period of time of which is contrary to the foregoing without written approval of Upstate Cerebral Palsy.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



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