



The Center for Developmental Disabilities, Inc.

APPLICATION FOR EMPLOYMENT

72 South Woods Road
Woodbury, NY 11797-1009
(516)921-7650 Fax (516)364-4258

101 New South Road
Hicksville, NY 11801
(516) 433-8300 Fax (516) 942-3748

POSITIONS DESIRED

Do not answer any inquiry which reveals or tends to reveal your race, color, religion, national origin or age as prohibited by law

- 1.
2.

The Center is an equal opportunity employer and does not discriminate because of race, creed, sex, disability, age or national origin as prohibited by law.

PLEASE PRINT

Complete pages 1-3

TODAY'S DATE:

Form with fields: LAST NAME, FIRST NAME, MIDDLE NAME, SOCIAL SECURITY NUMBER

Form with fields: STREET ADDRESS, CITY, STATE, ZIP

TELEPHONE NUMBER(S)

Form with fields: HOME, CELL

Form with fields: HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS?, PREVIOUS ADDRESS, HOW LONG DID YOU LIVE THERE?

Form with fields: ARE YOU AT LEAST 18 YEARS OF AGE? IF NOT, STATE YOUR AGE., WERE YOU EVER IN OUR EMPLOY? IF SO, WHEN?

Text: It is required by the Department of Education and the Office of Mental Retardation that if you are hired for a position requiring unsupervised contact with people receiving services, you will need to provide information and fingerprints in order for a criminal background check to be conducted. A criminal conviction will not necessarily bar you from employment. However, failure to disclose any conviction will deem you ineligible for employment. HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR A FELONY IN ANY JURISDICTION? YES NO IF YES, GIVE FULL DETAILS OF ALL INSTANCES:

Form with fields: DO YOU HAVE ANY CRIMINAL CHARGES PENDING AT THIS TIME?, ARE YOU A U.S. CITIZEN?

Form with fields: HAVE YOU HAD U.S. MILITARY SERVICE?, BRANCH OF SERVICE, DATES IN U. S. SERVICE, TYPE OF DISCHARGE

Form with fields: CURRENT U.S. DRAFT STATUS, ARE YOU A RESERVIST? YES NO, ACTIVE OR INACTIVE, SERVICE BRANCH

Form with fields: ARE YOU WILLING TO WORK ANY SHIFT? YES NO, WHAT HOURS ARE YOU AVAILABLE?, WHAT DAYS ARE YOU AVAILABLE?

Form with fields: ARE YOU LOOKING FOR FULL OR PART TIME WORK?, ARE YOU WILLING TO WORK WEEKENDS AND HOLIDAYS?

Text: Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities in such a job should be included. YES NO Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE

**RECORD OF EMPLOYMENT**

Please list your last 3 places of employment

Company Name	Telephone (     )
Address	Employed: From:            To:
Name of Supervisor	Salary
Job Title and Responsibilities	Reason for Leaving:

Company Name	Telephone (     )
Address	Employed: From:            To:
Name of Supervisor	Salary
Job Title and Responsibilities	Reason for Leaving:

Company Name	Telephone (     )
Address	Employed: From:            To:
Name of Supervisor	Salary
Job Title and Responsibilities	Reason for Leaving

ARE YOU WILLING TO SUBMIT TO ANNUAL MEDICAL EXAMINATIONS? \_\_\_\_\_

HAVE YOU EVER BEEN DISMISSED OR ALLOWED TO RESIGN FOR CAUSE FROM ANY PREVIOUS EMPLOYMENT? IF YES, PLEASE EXPLAIN: \_\_\_\_\_

ARE YOU RELATED TO ANYONE CURRENTLY WORKING FOR THE CENTER? \_\_\_\_\_ IF SO, WHOM? \_\_\_\_\_  
yes or no

HAVE YOU EVER BEEN THE SUBJECT OF AN INDICATED CHILD/CLIENT ABUSE OR MALTREATMENT REPORT WITH THE STATE CENTRAL REGISTER OR ANY OTHER REPORTING AUTHORITY? \_\_\_\_\_ YES \_\_\_\_\_ NO

**PROFESSIONAL / PERSONAL REFERENCES**Unrelated persons who have known the applicant  
for three or more years.

NAME	ADDRESS	TELEPHONE NUMBER
1.		
2.		

In case of an emergency, whom should we contact?

Name \_\_\_\_\_ Telephone number \_\_\_\_\_

**EDUCATION****SCHOOLS ATTENDED**

HIGH SCHOOL:	DIPLOMA:	yes:	no:
ADDRESS:			
COLLEGE:	HIGHEST DEGREE:		
ADDRESS:	DATE RECEIVED:		
OTHER RELEVANT EDUCATION:			

**LICENSES AND CERTIFICATIONS**

AREA OF LICENSE/CERT.	STATE IN WHICH ISSUED	DATE REC'D.	EXPIRATION DATE	CERT. OR LICENSE NUMBER

REFERRED BY:

**EMPLOYMENT AGREEMENT**

I understand that any false statements made as part of this application will be considered sufficient cause for my dismissal. I also grant permission for the authorities of this agency to investigate my references and history now and at any time during the course of my employment and release said agency from all and any liability resulting from such investigation. I understand that my employment is subject to a satisfactory medical exam and I consent to any and all post-employment medical exams required by the employer. Upon my termination, I authorize the release of reference information on my work. I attest to the fact that all information contained on this application is true.

DATE: \_\_\_\_\_ APPLICANT SIGNATURE \_\_\_\_\_

**FOR ADMINISTRATIVE USE ONLY:**

**VERIFICATION OF LAST TWO PLACES OF EMPLOYMENT**

If applicant has no previous employment,  
educational references will be accepted.

DATE	NAME & ORG. CONTACTED	RELATION TO EMPLOYEE	COMMENTS

VERIFIED BY: \_\_\_\_\_

**PROFESSIONAL / PERSONAL REFERENCE VERIFICATION**

DATE	PERSON CONTACTED	RELATION TO EMPLOYEE	COMMENTS

VERIFIED BY: \_\_\_\_\_

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

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

Program/Department: \_\_\_\_\_

Salary: \_\_\_\_\_

Hours: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Authorization: \_\_\_\_\_

Executive Approval: \_\_\_\_\_

Human Resources
Date: _____
Date of CBC: _____