



ACHIEVE
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 Johnson City, NY 13790
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 E-mail: hr@achieveny.org • Website: www.achieveny.org



Intern/Volunteer Application

<p>EEOC Statement: ACHIEVE does not discriminate in its employment decisions on the basis of race, color, religion, creed, gender, sexual orientation, national origin, domestic violence, conviction record, transgender status, age, disability, genetic pre-disposition or carrier status, marital, relationship or association with a member of a protected class or any other legally protected class or status.</p>	
PERSONAL DATA – Please Print	
Name (Last, First, Middle)	Date
Mailing Address	
City	State Zip
Telephone Home: () Business: ()	Email Address
<p>If you are under 18 years of age, can you provide required proof of your eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Are there any factors which would interfere with being lawfully hired or in the performance of the position for which you are applying? if yes, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Have you previously been employed by this agency? <input type="checkbox"/> Yes <input type="checkbox"/> No When? Where?</p>	
<p>Have you previously submitted an employment application? <input type="checkbox"/> Yes <input type="checkbox"/> No When?</p>	
EMPLOYMENT DATA	
Position Applying For:	Wage or Salary Desired:
<p>Are you available to work: <input type="checkbox"/> Regular Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> On Call Part Time <input type="checkbox"/> intern <input type="checkbox"/> Summer <input type="checkbox"/> Volunteer <input type="checkbox"/> Temporary</p>	
<p>Willing to Work: (Check all acceptable) <input type="checkbox"/> Day Shift <input type="checkbox"/> Evening Shift <input type="checkbox"/> Night Shift <input type="checkbox"/> Overtime <input type="checkbox"/> Call-in Basis <input type="checkbox"/> Weekends</p>	
<p>Are you currently working? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	When would you be available to work?
<p>Are you currently on "Lay-Off" status and subject to recall? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	Can you travel if job requires it?

WORK HISTORY

Start with your most recent position. Periods of unemployment should also be noted. Leave no gaps in time sequence. Include summer and cooperative education assignments. **If additional space is required, please use a separate sheet.**

Company Name				Company Address				Type of Business	
From		To					Starting Position Title		
Mo.	Yr.	Mo.	Yr.						
						<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Present/Last Position Title		
Name of immediate Supervisor						Supervisor's Title			
Reason for Leaving									
Describe Duties and Responsibilities									
Employer's Telephone No. ()									
Company Name				Company Address				Type of Business	
From		To					Starting Position Title		
Mo.	Yr.	Mo.	Yr.						
						<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Present/Last Position Title		
Name of immediate Supervisor						Supervisor's Title			
Reason for Leaving									
Describe Duties and Responsibilities									
Employer's Telephone No. ()									
Company Name				Company Address				Type of Business	
From		To					Starting Position Title		
Mo.	Yr.	Mo.	Yr.						
						<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Present/Last Position Title		
Name of immediate Supervisor						Supervisor's Title			
Reason for Leaving									
Describe Duties and Responsibilities									
Employer's Telephone No. ()									

EDUCATION AND TRAINING

Please complete all applicable items, even if you have already submitted a resume. Proof of education degree may be required.

Type of School	Complete Name and Address of School	Graduated Yes No		if No, Credit Hrs. Completed	Major & Minor Fields of Study	Type of Diploma, Degree or Certificate
High School						
Equivalency Diploma						
Colleges						
Universities						
Other Training (including Military)	Course	Source		Class Hours	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	

MILITARY SERVICE					
Branch	Entry Date	Discharge Date	Discharge Rank	Duties	Present Status

PROFESSIONAL INFORMATION

Professional organization memberships (Exclude those which indicate race, religion, color or national origin.)

Professional Licenses

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special experiences, job-related skills and qualifications acquired from employment or other experience that would be beneficial to this agency.

How did you learn about us? (Please check and specify name of referral source.)

- Newspaper_____ Friend_____
- Online Ad_____ Relative_____
- Walk-in_____ Other_____
- Employment Agency _____

BACKGROUND CHECK REQUIREMENT

Name: _____

1. Have you ever been convicted of the following in any jurisdiction?

Misdemeanor: Yes No Felony: Yes No

If yes, please provide description and explanation.

2. Have you been a subject of an indicated (substantiated) report of child or adult abuse, neglect or maltreatment through any employment, volunteer work or any State agency?

Yes No If yes, please provide description and explanation.

3. Has an employer provided you formal disciplinary action or ended your employment for abusing, neglecting, or mistreating a child or adult while in your care?

Yes No If yes, please provide description and explanation.

Please note that convictions will not necessarily disqualify an applicant from employment consideration.

In concurrence with NYS OPWDD, Part 624 and Part 633 Regulations and Mental Hygiene Law Section 16.33, 16.34 and 31.35, I understand that if I am being considered for hire by the Agency, that I may have regular and substantial unsupervised or unrestricted physical contact with individuals with disabilities. That my application, and if hired, subsequent employment, is conditioned upon providing this agency with information, statements and/or fingerprints for a State and Agency review.

I also confirm that if I have not truthfully and accurately answered and fully disclosed information as requested, that any offer of employment can be withdrawn. Additionally I am aware that I will be subject to termination by the Agency if I am hired on a temporary and provisional basis before the discrepancy is known or results are received and it is then determined that the discrepancy and or results do not meet Agency or State guidelines.

I understand that if I am a volunteer, or hired, or transferred to a position where I have the potential for regular and substantial contact with vulnerable children or adults that I am subject to and will complete an application to be submitted to the New York State Office of Children and Family Services to determine if there is an indicated report of abuse or maltreatment. I understand that any offer of employment is temporary and provisional, pending the results from the New York State Office of Children and Family Services.

My signature below confirms that the above completed information is accurate and all requested information has been provided.

My signature below indicates my acceptance with all statements and conditions noted on this page.

Signature: _____ Date: _____

EXCLUSION CHECK FORM

It is the policy of NYSARC Inc., Broome-Chenango-Tioga Counties Chapter (dba ACHIEVE) not to employ, contract with or otherwise do business with any individual or entity excluded from participation in federally sponsored health care programs, such as Medicare and Medicaid. See link to the HHS Office of inspector General Exclusion Program for further explanation. <http://oig.hhs.gov/fraud/exclusions/aboutexclusions.html>

Exclusion Check: An Exclusion Check is a search of (1) the U.S. Department of Health and Human Services, Office of inspector General ("OIG")'s List of Excluded individuals/Entities (available on the OIG website at <http://oig.hhs.gov/fraud/exclusions.asp>); (2) the General Service Administration ("GSA")'s Excluded Parties List System (available on the GSA website at <http://www.epls.gov/>); and (3) The New York State Medicaid Fraud or Program integrity issues website at http://www.nyhealth.gov/health_care/medicaid/fraud/listing.htm to determine if an individual or entity's name appears on either list.

Ineligible Person: For purposes of this Policy, an ineligible Person is an individual or entity that is listed on the OIG's List of Excluded individuals/Entities, the GSA's Excluded Parties List System and/or NYS Medicaid Fraud or Program integrity issues System.

To assure compliance with this policy and the NYSARC, Inc. corporate compliance directive, NYSARC, Inc., Broome-Chenango-Tioga counties chapter (dba ACHIEVE) requests all applicants and employees to undergo exclusion verification. If hired, the exclusion verification will be conducted on an annual basis to assure continued eligibility.

In addition, NYSARC Inc., Broome-Chenango-Tioga County Chapter (dba ACHIEVE) shall maintain supporting documentation for its exclusion checks and produce copies of such documentation to the HHS Office of inspector General Exclusion Program upon request.

Your signature below verifies your knowledge of this background check.

Signature: _____ Date: _____

I certify that all of the information that I have supplied on this form is a true and complete statement of the facts and answers required herein without omissions of any kind whatsoever.

In the event of my employment, I understand that any omission, misrepresentation and/or falsification of information contained in this application may constitute grounds for my dismissal. I also understand that I am required to abide by all rules and policies of the Agency and that I will be required to provide proof of citizenship or employment eligibility at the time of employment.

I further agree that ACHIEVE may contact all and any previous employers, schools and references for full information except as I have stated otherwise on this employment application. By this application and by signature below, I hereby authorize and direct the employers, schools, or persons named to give any information regarding my employment, education or character statements and hereby release said employers, schools, or persons as well as ACHIEVE from all liability for any damages whatsoever in providing this information to ACHIEVE. I am aware that I may be subject to additional background checks as required by agency policy or State regulations.

I understand that the Agency maintains an Alcohol and Controlled Substance Policy and that the policy requires that any employment offer made to me by the Agency will be contingent on my submitting to an alcohol and drug test and have a negative test result for pre-employment testing and throughout my employment if hired.

This is not a contract of employment. Any individual who is hired may voluntarily leave employment at any time, and may be terminated by the Agency at any time. Any oral or written statements or promises to the contrary are hereby expressly disavowed, and should not be relied upon by any prospective or existing employee.

I HAVE CAREFULLY READ AND UNDERSTAND THE ABOVE STATEMENTS.

Applicants Signature: _____ Date: _____