

**Application for Employment**

If you need help in completing this application, please request assistance

Date \_\_\_\_\_

NAME		PRESENT ADDRESS
Last		Street
First		City
Middle		State/Zip Code
E-mail Address		Phone Number (    )

Referral Source:  Advertisement  Friend  Relative  Walk-in  Employment Agency  Other

Position Applied For \_\_\_\_\_ Date You Can Start \_\_\_\_\_ Salary Desired \_\_\_\_\_

Presently Employed  Yes  No      If Yes, Can We Contact Your Present Employer  Yes  No

Are You Legally Authorized to Work in the United States?  Yes  No

Pursuant to federal law, all applicants, upon being made an offer of employment, must produce documents, which are specified by the federal government, establishing their identity and authorization for employment in the United States. These documents must be produced no later than 72 hours after commencement of employment. You also will be required to complete Form I-9 (issued by the federal government) verifying, under oath, your employment authorization and identity.

Are You Eighteen Years of Age or Older?  Yes  No (If no, do you have necessary permits to work?  Yes  No

**EDUCATION HISTORY**

EDUCATION	NAME & LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
COLLEGE				
GRADUATE SCHOOL				
TRADE, BUSINESS, CORRESPONDENCE SCHOOL				
OTHER				

Subject of Special Study, licenses or Research Work:

\_\_\_\_\_

*\*All persons have the opportunity to be considered for employment without regard to their race color religion or creed, sex, age, national origin or ancestry, citizenship, veteran status, physical or mental disability, genetic predisposition or carrier status, marital status, sexual orientation, or any other personal characteristic protected by federal, state or local law.*

**EMPLOYMENT HISTORY**

List Last Four Employers, Starting With Your Last Position

DATE MONTH/YEAR	NAME & ADDRESS	POSITION	REASON FOR LEAVING
FROM _____ TO _____			

**REFERENCES**

Give the Names of Three, Work-Related References (Please do not use relatives as references).

NAME	CONTACT INFORMATION	RELATIONSHIP	YEARS ACQUAINTED

*I certify that the facts contained in this application are true and complete to the best of my knowledge and understand whether in the pre-employment stage or if employed, falsified statements and/or omissions on this application, in interviews, on any documents or at any time orally and/or written during my employment, may be grounds for non-consideration for employment or dismissal from employment, at any time. Additionally, I understand that this application and all pre-employment and supporting documents must be completed in their entirety in order to be considered for employment, including designating "n/a" for when a question is inapplicable.*

*I authorize investigation of all statements contained herein. I also authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal and otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.*

*I understand that this application is not a contract or offer of employment. I understand that no representation, whether oral or written, by any representative or agent of the Company can constitute a contract of employment. If hired, I agree to abide by all of the Company's rules and regulations. I understand that if employed, my employment is on an at-will basis. I am free to terminate my employment at any time for any reason. Similarly, the Company is free to terminate our employment relationship at any time without cause or notice.*

*I further understand that the Company and all plan administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment.*

*No representative or agent of the Company has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the President and/or Executive Director, or to make any agreement contrary to the foregoing.*

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

DO NOT WRITE BELOW THIS LINE

Interviewed By \_\_\_\_\_ Date \_\_\_\_\_

Hired  Yes  No Position \_\_\_\_\_ Department \_\_\_\_\_

Salary/Wages \_\_\_\_\_ Reporting Date \_\_\_\_\_ Approved \_\_\_\_\_

**Employment Application Supplement**  
**Clarity Wellness Community**

**NOTICE OF SOCIAL SERVICES LAW 424-a PROCEDURES**

To determine if indicated report of child abuse or mistreatment is on file with the State Central Register of Child Abuse and Maltreatment.

Please read this carefully. It may impact your continued employment with Clarity Wellness Community.

Section 424-a of the New York State Social Services Law enables Clarity Wellness Community to inquire whether an employee or volunteer is the subject of an indicated report of child abuse or maltreatment on file with the State Central Register of Child Abuse and Maltreatment (Department of Social Services).

In addition, this same section of the law requires that all employees be notified that if you have the potential for regular and substantial contact with children, you will be requested to complete a form specifically designed for making this inquiry. Clarity Wellness Community will then submit the form to the State Central Register to begin the inquiry process. The State Central Register will notify you if the result of an inquiry shows that you are the subject of an indicated report of child abuse or maltreatment. Clarity Wellness Community will not be notified of a finding, until the applicant has been contacted.

If the State Central Register replies to our inquiry that you are the subject of an indicated report of child abuse or maltreatment, we must consider that factor, along with other background information, in determining whether to retain you as an employee, to retain you in another employment capacity, or to retain you in your current position. You will receive instructions from the State Central Registry to appeal any finding they notified you of. If you follow the appeal process, your determination might be reversed, and Clarity Wellness Community will be notified you are cleared for employment. If you chose not to appeal the decision by the State Central Register, it will be determined that you do not wish to continue your employment with Clarity Wellness Community

If your employment is terminated, and such termination is based, in whole or in part on the existence of an indicated report of child abuse or maltreatment, you will be informed of this decision in writing.

All information obtained through this process is confidential.

Signature: \_\_\_\_\_

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