Cerebral Palsy of Westchester

1186 King Street
Rye Brook, New York 10573
914-937-3800
www.cpwestchester.org

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

Please provide complete and legible information. An incomplete application may affect you consideration for employment. If necessary, attach a separate sheet for additional information.

Cerebral Palsy of Westchester will not discriminate against and applicant or employee on the basis of race, ethnicity, color, sex, age, disability, sexual orientation, national origin, alienage or citizenship, religion, creed, citizenship, marital status, military or veteran status, family status, victim of domestic violence, genetic predisposition or information, or any other legally recognized protcected basis under federal, state or local laws, regualtions or ordinances.

Applicants with disabilites may be entitled to resonable accommidation under the terms of the American with Disabilities Act and certin state or local laws. A resonable accommidation is a change in the way things are normally done which will ensure an equal employment opportunity without imposing undue hardship on Cerebral Palsy of Westchester. Please inform the Human Resources Department if you need assistance completing any forms or to otherwise participate in the application process.

All questions must be answered carefully and completely

Position Desired	Date Available	
How were you referred to the agency?	Do you have any relatives working for CPW?	
Have you ever been employed by Cerebral Palsy of Westchester?	Position Held/Dates	Reason for Leaving

PERSONAL INFORMATION

Name					Email:
Address	Street	City	State	Zip Code	Phone Number Day: Evening Other:
Are you either a U.S. Citizen or an Alien who has the legal right to work in the job for which you are applying? ☐ Yes ☐ No You will be asked to provide lawful work status if employed					Are you 18 years or older? ☐ Yes ☐ No

Do you have a Driver's License? ☐ Yes ☐ No

Has your driver's license ever been suspended or revoked? ☐ Yes ☐ No

For a position for which driving is required, please list those convictions related to moving violations within the last the last three (3) years; suspension, revocation, DWI convictions, or any occurance involving harm to anyone or property while driving. Please describe each incident in detail including dates of all convictions, suspensions, revocations or moving violations invloving points on your license.

Have you had any prior to current experience as an employee, volunteer, or certified provider with OPWDD, SED; any other state agenccy or any other provider of human services? ☐ Yes ☐ No

Please provide the names, addresses, and telephone numbers of at least two (2) references who can verify each experience.

Name	Company/Title	Phone Number

CRIMINAL RECORD

Have you ever been convicted of or are you awaiting a trial disposition on a felony, misdemeanor or summary offense in any jurisdiction and/or do you have any pending criminal charges, arrests, or criminal accusations against you?

☐ Yes ☐ No

If yes, include a description of all convictions and pending charges. State nature of offenses, when, where (exact locations), and dispositons.

Note:

Cerebral Palsy of Westchester will check all applicant records prior to hire for criminal convictions.

CONVICTIONS WILL NOT AUTOMATICALLY DISQUALIFY JOB CANDIDATES . DATES OF CONVICTION & SERVICE WILL BE CONSIDERED.

Please be advised that you will need to provide information, statements and fingerprints according to the requirements of the agency and OPWDD/SED OCFS order for a criminal background check to be conducted thorugh DCJS. Also, you will have the right to obtain, review and seek correction of any information received in response to the criminal background check conducted by DCJS.

TWO (2) PERSONAL RFERENCES (May not be a relative)

Name	Relationship	Phone Number

EDUCATION

	Name and Address	Graduated Yes	Graduated No	Type of Degree, Dipolma or Certificate & Major/Minor
High School				
Vocational School				
Colleges or Universitites				

OTHER RELATED HISTORY/ACTIVITIES

State Professional licenses held and where registered:
List Volunteer Experience (organization/dates):
List any other special training or skills you have or any courses you have taken that relate to the type of services our agency provides.

EMPLOYMENT HISTORY

List all employment for the past 10 years. List the most recent job first, include all Full Time and Part Time work.

Employer		Address	From	To
Position/Title	Supervisor	Telephone Number		
Reason for Leaving		Duties Performed		
Employer		Address	From	To
Position/Title	Supervisor	Telephone Number		
Reason for Leaving		Duties Performed		
Employer		Address	From	To
Position/Title	Supervisor	Telephone Number		
Reason for Leaving		Duties Performed		
Employer		Address	From	To
Position/Title	Supervisor	Telephone Number		
Reason for Leaving		Duties Performed		

Employer		Address	From	To
Position/Title	Supervisor	Telephone Number		
Reason for Leaving		Duties Performed		
Employer		Address	From	To
Position/Title	Supervisor	Telephone Number		
Reason for Leaving		Duties Performed		

Applicant Understanding and Agreement

Cerebral Palsy of Westchester may conduct investigations, including but not limited to those relating to prior education and employment history record of convictions, pending trial status, and driving records. I understand that it is the policy of Cerebral Palsy of Westchester to endeavor to provide the maximum protection and safety for those persons receiving services from the agency and I will need to provide information, statements, and fingerprints pursuant of the agencies requirements and OPWDD and SED regulations in order for a criminal background check to be conducted through DCJS. It is the policy of DCJS that upon completion of the criminal backgroundcheck, I will be informed of the procedures necessary to obtain, review, seek correction of my criminal record. Cerebral Palsy of Westchester will also investigate whether applicants are on the Office of the Inspector General List of Excluded Individuals and Entities or the General Services Administration Excluded Party List System. NY Office of Medicaid Inspector General, Staff Exclusion List of the Justice Center and as appropriate, the State Centeral Registry of Child Abuse and Maltreatment and OPWDD's MHL 16.34 Abuse/Neglect History Check.

I certifiy that all information and responses I have provided in this application are true. I authorize Cerebral Palsy of Westchester to investigate all my responses herein for accuracy and completeness and grant Cerebral Palsy of Westchester my premission to investigate all prior employment and all professional, military and educational records. I understand that any false or misleading statements, or omissions, made by me on this application or in connection with my physical false statements are discovered by the agency examination will render this application void and be sufficient grounds for dismissal, regardless of when such omissions or after my employment. I fully understand that this application is not a contract of employment and that employment with Cerebral Palsy of Westchester is at-will and may be terminated for any or no reason at either my option or the Agency's option at anytime. I agree, if employed to follow all the Agency's rules and regulations

Signature _____ Date _____