

CAYUGA ADDICTION RECOVERY SERVICES

EMPLOYMENT APPLICATION

Position Desired: _____

I. PERSONAL DATA

NAME _____

CURRENT ADDRESS _____

TELEPHONE NUMBER (____) _____ SOC. SEC. NUMBER _____

TO BE EMPLOYED BY CARS, YOU WILL NEED TO COMPLETE AN I-9 FORM DEMONSTRATING THAT YOU ARE AUTHORIZED TO WORK IN THE UNITED STATES.

ARE YOU CURRENTLY AUTHORIZED TO WORK IN THE U.S.? YES _____ NO _____

HAVE YOU BEEN KNOWN BY ANY OTHER NAMES OVER THE PAST 10 YEARS? _____
IF YES, PLEASE LIST NAMES AND APPLICABLE TIME PERIODS.

<u>NAME</u>	<u>TIME PERIOD</u>
_____	_____
_____	_____
_____	_____
_____	_____

IF YOU HAVE LIVED AT YOUR CURRENT ADDRESS FOR LESS THAN 10 YEARS, PLEASE LIST YOUR PREVIOUS ADDRESSES AND APPLICABLE TIME PERIODS

<u>PREVIOUS ADDRESS</u>	<u>TIME PERIOD</u>
_____	_____
_____	_____
_____	_____
_____	_____

II. EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL OR RECEIVE AN EQUIVALENCY DIPLOMA:

YES _____ NO _____

COLLEGE: NAME & LOCATION _____

MAJOR: _____ MINOR(S) _____

OF CREDITS _____ DEGREE: YES _____ NO _____

IF YES, TYPE OF DEGREE RECEIVED _____

OTHER: NAME & LOCATION _____

TRAINING/COURSE OF STUDY: _____

EDUCATION: TYPE OF INSTITUTION _____

DEGREE/CERTIFICATE: _____

PLEASE LIST ANY PROFESSIONAL LICENSES/CERTIFICATIONS YOU CURRENTLY HOLD:

HAVE YOU EVER BEEN THE SUBJECT OF DISCIPLINARY ACTION WITH RESPECT TO YOUR PROFESSIONAL LICENSE/CERTIFICATION? YES _____ NO _____

IF YES, PLEASE DESCRIBE IN DETAIL _____

IS THERE CURRENTLY ANY DISCIPLINARY ACTION PENDING WITH RESPECT TO YOUR PROFESSIONAL LICENSE/CERTIFICATION? YES _____ NO _____

IF YES, PLEASE DESCRIBE IN DETAIL _____

III. SKILLS

CHECK ALL EQUIPMENT YOU CAN OPERATE

COMPUTER _____ WPM _____ TYPEWRITER _____ WPM _____

OTHER(PLEASE DESCRIBE) _____

WHAT KINDS OF COMPUTERS AND/OR SOFTWARE ARE YOU FAMILIAR WITH?

IV. JOB EXPERIENCE (BEGIN WITH MOST RECENT)

DATES EMPLOYED: FROM: _____ TO: _____

COMPANY _____

ADDRESS _____ TELEPHONE _____

_____ IMMEDIATE SUPERVISOR _____

YOUR TITLE _____ RATE OF PAY _____

JOB DESCRIPTION _____

REASON FOR LEAVING

DATES EMPLOYED: FROM: _____ TO: _____

COMPANY _____

ADDRESS _____ TELEPHONE _____

_____ IMMEDIATE SUPERVISOR _____

YOUR TITLE _____ RATE OF PAY _____

JOB DESCRIPTION _____

REASON FOR LEAVING

V. OTHER INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES _____ NO _____

IF YES, PLEASE DESCRIBE, INCLUDING DATES OF CONVICTION _____

DO YOU HAVE ANY CHARGES PENDING? YES _____ NO _____

IF YES, PLEASE DESCRIBE IN DETAIL _____

DO YOU HAVE A NYS DRIVER'S LICENSE? YES _____ NO _____

CARS HAS A POLICY THAT THE EMPLOYMENT OF CLOSE RELATIVES OF EXISTING EMPLOYEES IS GENERALLY NOT PERMITTED. CLOSE RELATIVES ARE DEFINED AS BLOOD RELATIVES OF DIRECT LINEAGE AND RELATIVES BY MARRIAGE.

DO YOU HAVE ANY "CLOSE RELATIVES" (AS DEFINED ABOVE) WHO ARE CURRENT EMPLOYEES OF CARS? YES _____ NO _____

IF YES, PLEASE PROVIDE NAME OF CURRENT CARS EMPLOYEE AND HIS/HER RELATIONSHIP TO YOU:

NAME: _____

RELATIONSHIP: _____

IS THERE ANY OTHER INFORMATION YOU WOULD LIKE US TO KNOW WHEN CONSIDERING YOUR APPLICATION?

VI. REFERENCES

PLEASE GIVE 3 JOB REFERENCES OF INDIVIDUALS WHO HAVE SUPERVISED YOUR JOB PERFORMANCE:

NAME	_____	EMPLOYER	_____
ADDRESS	_____	OCCUPATION	_____
	_____	TELEPHONE	_____

NAME	_____	EMPLOYER	_____
ADDRESS	_____	OCCUPATION	_____
	_____	TELEPHONE	_____

NAME	_____	EMPLOYER	_____
ADDRESS	_____	OCCUPATION	_____
	_____	TELEPHONE	_____

VII. DRIVING RECORD (TO BE COMPLETED BY APPLICANTS FOR EMPLOYMENT AT THE CARS RESIDENTIAL FACILITY ONLY)

For insurance reasons, applicants for employment at the CARS Residential Facility are required to disclose information related to their motor vehicle driving record. This information will be used to determine if applicants for employment are eligible to transport CARS clients and/or operate CARS vehicles during the course of their employment. CARS may also require applicants to obtain a copy their “Abstract of Driver Record” from the Dept. of Motor Vehicles to verify the information provided on this application for employment.

Below, please list any and all suspensions, revocations, restrictions, accidents and moving violations you have experienced in the past 10 years. List all traffic accidents even if you were not at fault and there were no tickets issued.

<u>Date</u>	<u>Event</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

VIII. CERTIFICATION AND CONSENT

I certify that I have and will provide information throughout the hiring process, including on this application for employment, and in interviews with Cayuga Addiction Recovery Services, that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information relevant to my application for employment. I understand that any misrepresentations or omissions may be cause for my immediate rejection as an applicant for a position with Cayuga Addiction Recovery Services or my termination from employment if I am hired.

I hereby consent to permit Cayuga Addiction Recovery Services and its authorized agents and subcontractors, to contact anyone it deems appropriate to investigate or verify any information provided by me, and to discuss my employment, education or related matters.

Signature of Applicant

Date