

# NEW HORIZONS RESOURCES, INC.

123 West Road - Pleasant Valley, NY 12569 - (845) 473-3000 Ext. 1352, Fax (845) 635-3807

## APPLICATION FOR EMPLOYMENT

As an equal employment opportunity employer, NHR does not discriminate against applicants or employees because of their age, citizenship status, color, creed, disability (where able to perform the essential functions of the job with or without reasonable accommodation), genetic predisposition or carrier status, marital status, military status, national origin, race, religion, national origin, sex (except where a bona-fide occupational qualification), sexual orientation, or on any other basis prohibited by law.

\*\*\*\*\* PLEASE TYPE OR PRINT IN INK BELOW THIS LINE \*\*\*\*\*

Name (Last) (First) (Middle)

Current Address (Street) (City) (State) (Zip Code)

Daytime Phone Number Cell Phone Number Alt. Phone Number Email Address

Permanent Address (Street) (City) (State) (Zip Code)  
*(If different than Current Address)*

Position applied for: \_\_\_\_\_ Wage/Salary Expectations: \_\_\_\_\_

How many miles / time are you willing to travel? \_\_\_\_\_ Date Available to Begin Work: \_\_\_\_\_

Check off Employment Status You Seek:  Full Time  Part Time  Summer  Temporary  On Call (Relief)

Check off each shift are you able to work (shift times may vary based on program needs):

1st (7am-3pm)  2nd (3pm-11pm)  3rd (11pm-7am)

Check off which days are you able to work:

Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

Check off each location you are you able to work:

Amenia  East Fishkill  Millerton  Pleasant Valley (Salt Point)  Stormville  
 Clinton Corners  High Falls  Napanoch  Poughkeepsie  Unionvale (Verbank)  
 Clintondale  Hyde Park  New Paltz  Poughquag  Wallkill  
 Dover Plains  Kerhonkson  Kingston  Pine Bush  Wassaic

Have you ever worked for NHR?  YES or  NO

If YES, when and where? \_\_\_\_\_

Have you ever applied to NHR for a job?  YES or  NO

If YES, when and where? \_\_\_\_\_

How were you referred to NHR? (if referred by a current NHR employee, please identify employee (s))  
\_\_\_\_\_

If hired, can you furnish proof that you are eligible to work in the United States? (If unsure of the documentation needed to prove eligibility to work in the US, we will assist you by describing the required documents.)  YES or  NO If NO, please explain:  
\_\_\_\_\_

Have you ever belonged to a club, organization, society, or professional group which has a bearing upon your qualifications for the job for which you are seeking?  YES or  NO If YES, please describe: \_\_\_\_\_  
\_\_\_\_\_

**RECORD of EDUCATION (Must Provide Copy of Diploma/Degree or Transcript If Offered Employment)**

<u>Name &amp; Address of School</u>	<u>Graduated</u> Yes No	Degree/Diploma Rcvd/Exptd Highest Grade or Credits	Major/Minor Fields of Study
High School (Last Attended)			
Colleges/ Universities			
Graduate School			
Other Education/Training Regarding Care of or Services To Individuals With Developmental Disabilities			

**BACKGROUND SCREENINGS**

Employment may require clearance through OPWDD’s Criminal Background Check, SEL, MHL 16.34, Statewide Central Registry check, and others as required by New York State OPWDD and the Justice Center. Convictions and/or allegations does not automatically disqualify you from employment. Failure to disclose information or misrepresentations will be considered falsification of this application. Please use additional paper if necessary.

Have you ever been convicted of a crime (misdemeanor or felony) in any jurisdiction?  YES or  NO

If YES, please explain:

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Are there any pending/unresolved charges?  YES or  NO

If YES, please explain:

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Have you ever been involved in an allegation of abuse, neglect and/or harassment by any employer/APS/CPS/the agencies listed above/ other)?  YES or  NO If YES, please explain:

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Have you ever been sanctioned by the NYS Justice Center, Office of the Inspector General or excluded from participation in Medicare, Medicaid and/or other Federal health care programs?  YES or  NO

If YES, please explain:

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**DRIVER’S LICENSE & DRIVING RECORD**

Employment may require clearance through the agency’s motor vehicle insurance carrier. A “YES” answer does not automatically disqualify you from employment. The nature & date of the offense and the type of job offer which you are applying will be considered.

Do you possess a valid current driver license?  YES or  NO License Number & State \_\_\_\_\_

Have you ever been convicted of a motor vehicle moving violation offense (including, but not limited to, convictions involving alcohol and/or drugs while driving)?  YES or  NO

Has your license ever been suspended or revoked?  YES or  NO

Have you ever been involved in a motor vehicle accident or occurrence involving harm to human beings or property while driving?  YES or  NO

If YES to any of the above, please explain:

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**EMPLOYMENT REFERENCES and WORK HISTORY - PLEASE COMPLETE EACH ENTRY IN DETAIL**  
*(Please list your most recent experience first, followed by other employment experiences in chronological order)*

<p>1. Name and Address of Employer:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Phone: ( _____ ) _____</p> <p>When may we contact the employer? Circle:          Immediately or After Conditional Emp Offer</p>	<p>Starting Position: _____</p> <p>Starting Date: _____</p> <p>Starting Salary: _____</p> <p>Nature of Work: _____</p> <p>Reason for Leaving: _____</p>	<p>Ending Position: _____</p> <p>Ending Date: _____</p> <p>Ending Salary: _____</p> <p>Name and Title of Supervisor: _____</p>
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<p>2. Name and Address of Employer:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Phone: ( _____ ) _____</p> <p>May we contact the employer? YES or NO</p>	<p>Starting Position: _____</p> <p>Starting Date: _____</p> <p>Starting Salary: _____</p> <p>Nature of Work: _____</p> <p>Reason for Leaving: _____</p>	<p>Ending Position: _____</p> <p>Ending Date: _____</p> <p>Ending Salary: _____</p> <p>Name and Title of Supervisor: _____</p>
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<p>3. Name and Address of Employer:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Phone: ( _____ ) _____</p> <p>May we contact the employer? YES or NO</p>	<p>Starting Position: _____</p> <p>Starting Date: _____</p> <p>Starting Salary: _____</p> <p>Nature of Work: _____</p> <p>Reason for Leaving: _____</p>	<p>Ending Position: _____</p> <p>Ending Date: _____</p> <p>Ending Salary: _____</p> <p>Name and Title of Supervisor: _____</p>
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Use this space to describe any previous work history and/or to detail particular job responsibilities listed above. Describe any prior or current experience as an employee, volunteer or certified provider with OPWDD or any other state agency or any other provider of human services. Include any information that relates to prior or current experience in direct care work or any additional information which you feel may be relevant to and aid in performance of duties for the job for which you are applying such as: any hobbies, interests, special skills, training and relevant professional licenses. Please use additional paper if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL REFERENCES WHO CAN ATTEST TO YOUR CHARACTER, REPUTATION & PERSONAL QUALIFICATIONS**  
**\*\*\* DO NOT INCLUDE RELATIVES IN THIS LIST \*\*\***

First & Last Name - Relationship	Daytime & Evening Phone Numbers
1.	
2.	
3.	

**I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND AND AGREE THAT ANY FALSE ANSWER, MISREPRESENTATION OR OMISSION OF FACTS IN MY APPLICATION (OR ANY OTHER DOCUMENTS THAT I COMPLETE AS PART OF THE APPLICATION PROCESS) IS GROUNDS FOR REFUSAL TO HIRE, OR IMMEDIATE DISMISSAL IF I AM HIRED.**

**I AUTHORIZE ALL EMPLOYERS, SCHOOLS, PERSONS AND ORGANIZATIONS HAVING RELEVANT INFORMATION OR KNOWLEDGE TO PROVIDE IT TO NHR, OR ITS DULY AUTHORIZED REPRESENTATIVE, FOR ITS USE IN DECIDING WHETHER OR NOT TO OFFER ME EMPLOYMENT AND SPECIFICALLY WAIVE ANY REQUIRED WRITTEN NOTIFICATION. I HEREBY RELEASE EMPLOYERS, SCHOOLS, PERSONS AND ORGANIZATIONS FROM ALL LIABILITY IN RESPONDING TO INQUIRIES IN CONNECTION WITH MY APPLICATION.**

**I UNDERSTAND THAT IF I AM CONDITIONALLY OFFERED EMPLOYMENT NHR WILL CONDUCT AN EXCLUSION CHECK TO VERIFY THAT I HAVE NOT BEEN EXCLUDED FROM FEDERALLY SPONSORED HEALTHCARE PROGRAMS (SUCH AS MEDICARE AND MEDICAID) AS PART OF THE PRE-EMPLOYMENT SCREENING PROCESS. IF THE EXCLUSION CHECK INDICATES THAT I HAVE BEEN EXCLUDED FROM FEDERAL HEALTHCARE PROGRAMS, I UNDERSTAND THAT I CANNOT BE EMPLOYED BY OR CONDUCT BUSINESS WITH NEW HORIZONS RESOURCES, INC.**

**I ALSO UNDERSTAND THAT IF I AM CONDITIONALLY OFFERED EMPLOYMENT FOR A POSITION IN WHICH I WILL HAVE REGULAR AND SUBSTANTIAL UNSUPERVISED OR UNRESTRICTED PHYSICAL CONTACT WITH PEOPLE RECEIVING SERVICES, I SHALL PROVIDE INFORMATION, STATEMENTS AND FINGERPRINTS AS MAY BE NECESSARY FOR A CRIMINAL HISTORY RECORD INFORMATION CHECK TO BE CONDUCTED. THE RESULTS OF THIS CHECK SHALL BE REVIEWED BY NHR. I UNDERSTAND THAT I HAVE THE RIGHT TO OBTAIN, REVIEW AND SEEK CORRECTION TO MY CRIMINAL HISTORY RECORD INFORMATION PURSUANT TO REGULATIONS AND PROCEDURES ESTABLISHED BY THE NYS DIVISION OF CRIMINAL JUSTICE SERVICES (DCJS) AND THE FBI.**

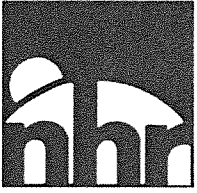
**I FURTHER UNDERSTAND THAT IF I AM CONDITIONALLY OFFERED EMPLOYMENT FOR A POSITION WITH THE POTENTIAL FOR REGULAR AND SUBSTANTIAL CONTACT WITH CHILDREN, NHR MUST SUBMIT MY NAME TO THE STATEWIDE CENTRAL REGISTER OF CHILD ABUSE AND MALTREATMENT TO DETERMINE IF I AM THE SUBJECT OF AN INDICATED REPORT OF CHILD ABUSE OR MALTREATMENT.**

**IN SIGNING THIS FORM, I CERTIFY THAT I UNDERSTAND ALL OF THE QUESTIONS AND STATEMENTS IN THIS APPLICATION.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
TODAYs DATE

***\*\*Please note: This application must be filled out completely. Incomplete or missing information on ANY area of the application will result in NHR being unable to consider you for employment.\*\****



## AUTHORIZATION TO OBTAIN DMV ABSTRACT

I, \_\_\_\_\_, am an applicant for employment with New Horizons Resources, Inc.  
*Please Print Name Here*

I am being considered for a position which requires that I drive as part of my employment.

I understand that, NHR will check my license status and driving record by obtaining an abstract from the New York State Department of Motor Vehicles ("DMV") to determine if my driving record is acceptable for employment.

I have been advised of the criteria that NHR applies in determining whether a driving record is acceptable.

I am not sure whether my driving record would be deemed acceptable by NHR and request and authorize NHR to obtain my driving abstract from DMV. I understand that I will not be charged by NHR for this service.

I have been advised that in lieu of having NHR obtain my driving abstract that I could obtain this abstract directly from DMV at my own expense, but have chosen not to do so.

I have been advised that I am under no obligation to give this authorization prior to any conditional offer of employment having been made and understand that I may withhold my consent prior to any conditional offer of employment being made without in any way jeopardizing consideration of my application for employment.

I agree to provide NHR with information necessary to obtain my driving abstract and that NHR will use the information I provide for the purpose of obtaining my driving abstract only.

I understand that when the driving abstract is obtained by NHR, that NHR will evaluate my driving record against the criteria it has established and determine whether my driving record is acceptable. I understand that as a result of this evaluation, NHR may deny employment on the basis of my having an unacceptable driving record.

If my driving record is deemed acceptable, I understand that NHR will continue to consider me for employment but is under no obligation to offer me employment.

I have placed my signature below of my own volition and free will and have not been pressured or coerced into doing so.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
Today's Date

## VALID DRIVER LICENSE & GOOD DRIVING RECORD

### Why does NHR care about my license and driving record?

Generally, all employees working in direct care positions must possess valid driver licenses and an acceptable driving record. This is so because direct care employees are expected to transport the individuals we serve to and from events in the community, medical appointments, etc. NHR has an obligation to protect the safety of the people we serve and any employees who would be traveling with anyone driving for NHR. This requirement is also true for any other positions at NHR where an employee is expected to operate agency vehicles as part of their job (or operate their own vehicles in conducting agency business).

### How will I tell NHR about my license and driving record?

When completing NHR's Application for Employment, you will be asked about whether you have a valid driver license and will be asked to describe any moving violations and accidents. **It is very important that you complete this information carefully and completely.**

### How will NHR verify the information I provide about my license and driving record?

If you are offered employment with NHR in a position in which driving is required, the offer will be conditioned on NHR obtaining an abstract of your driving record to verify that has an acceptable driving record. In that case, you would sign a separate consent form for NHR to obtain this abstract (at no cost to you) from the New York State Department of Motor Vehicles ("DMV"). If you have an out of state license, it is your responsibility to provide NHR with an abstract (for which NHR would reimburse you for the cost of obtaining) following a conditional offer of employment.

### What makes a driving record unacceptable to NHR?

In order to assist you in determining whether your driving record is acceptable, please note that, generally, your driving record would be unacceptable if your abstract shows :

- a conviction for a Type A Event within the last 3 years (from date of conviction);
- convictions for 2 Type A Events or 1 Type A and 1 Type B event occurring within the last 5 years (from date of conviction); or,
- 3 or more Type B Events with the past 3 years (from date of conviction or date of accident if no conviction).

### What are Type A and Type B Events?

#### TYPE "A" EVENTS

Aggravated assault with a motor vehicle	DWI/DUI/OUI/OWI- Drugs or Alcohol
Driving with an open container (alcohol)	Driving while license is suspended or revoked
Failure to report an accident	Fleeing or evading police or roadblock
Hit and run (Bodily injury or property damage)	Illegal passing of a school bus
Manslaughter or Negligent homicide using a motor vehicle	Operating a motor vehicle for the commission of a felony
Permitting an unlicensed person to drive	Reckless driving
Refusing to take a substance test	Resisting arrest
Speed Contest (racing)	Violations (not listed here but) considered serious by state law

#### TYPE "B" EVENTS

At Fault Accidents (does not include accidents with deer)	Careless driving
Failure to yield	Failure to obey traffic signal or sign
Having a license suspended in past related to moving violations	Improper lane change
Moving violations, include Speeding	Operating a mobile phone while driving (talking/texting)

### What if I'm not sure about my driving record?

If you are unsure whether your driving record is acceptable, you may request and authorize NHR to obtain a driving abstract (at no cost to you) from DMV **before** any conditional offer of employment is made by NHR. If you did not wish to do that, you could obtain your abstract directly from DMV. If you want NHR to obtain a copy of the abstract for you, you must complete the attached authorization form. **No applicant is required to complete this form prior to a conditional offer of employment being made and completing this form does NOT constitute an offer of employment from NHR.**