Head Injury Association

A BRIDGE TO HOPE AND HEALING

APPLICATION FOR EMPLOYMENT

Position Applied for:_____ Date:_____

The Head Injury Association considers all applicants for employment without regard to race, color, religion, sex, creed, national origin, age, handicap or disability, or status as a Vietnam-era or special disabled veteran in accordance with federal law. In addition, the Head Injury Association complies with applicable state and local laws prohibiting discrimination in employment in every jurisdiction in which it maintains facilities. The Head Injury Association also provides "reasonable accommodations" to qualified individuals with disabilities, in accordance with the Americans With Disabilities Act and applicable state and local laws.

How did you hear about us? _____

Last Name First Name Middle Name

Street City State Zip Code

Telephone Number(s):_____ Last 4 digits of Social Security Number:_____

Are you 18 years or older? [ ] Yes [ ] No

If you are under 18 years of age, can you provide required proof of your eligibility to work? [ ] Yes [ ] No

Have you ever filed an application with HIA before? [ ] Yes [ ] No If Yes, give date: _____

Have you ever been employed with us before? [ ] Yes [ ] No If yes, give date:_____

Are you currently employed? [ ] Yes [ ] No

On what date are you available for work?_____ Salary desired:_____

Are you available to work: [ ] Full Time [ ] Part Time [ ] Shift Work [ ] Temporary

What days/hours are you available? : _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment) [ ] Yes [ ] No

Have you ever served in the U.S. Armed Forces? Yes__ No
List duties in the Service, including special training that is relevant to the position for which you have applied?

EDUCATION

	Name and Full Address of School.	Course of Study	# of Yrs.	Diploma/ Degree
High School				Y N
Undergraduate College				Y N
Graduate Professional				Y N
Other (Specific)				Y N

Skills and Qualifications: Licenses, Skills, Training, Awards

Is there anything that would prevent you from performing in a reasonable and safe manner the activities involved in the position for which you have applied? Yes___ No___ If yes, please explain:

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1. Employer:
   Address:
   Telephone Numbers:
   Job Title:
   Dates of Employment: From: To:
   Supervisor:
   Reason for Leaving:
   Work Performed:

2. Employer:
   Address:
   Telephone Numbers:
   Job Title:
   Dates of Employment: From: To:
   Supervisor:
   Reason for Leaving:
   Work Performed:

3. Employer:
Address:
Telephone Numbers:
Job Title:
Dates of Employment: From: To:
Supervisor:
Reason for Leaving:
Work Performed:

4. Employer:
Address:
Telephone Numbers:
Job Title:
Dates of Employment: From: To:
Supervisor:
Reason for Leaving:
Work Performed:

5. Employer:
Address:
Telephone Numbers:
Job Title:
Dates of Employment: From: To:
Supervisor:
Reason for Leaving:
Work Performed:

Why would you like to work for the Head Injury Association and why would you like the position that you are applying for?

What previous experiences have you had that make you a suitable candidate for this position?

1. Have you ever been convicted of a Misdemeanor or a Felony in any jurisdiction? [ ] Yes [ ] No
(If yes, please describe the incident)
Date: _____ Description: _____

2. Do you currently have any pending arrests? [ ] Yes [ ] No
Date: _____ Description: _____

3. Do you currently have any substantiated Allegations of Neglect/Abuse? [ ] Yes [ ] No
Date: _____ Description: _____

4. Do you currently have any pending allegations of Neglect or Abuse? [ ] Yes [ ] No
Date: _____Description:_____

DRIVERS LICENSE INFORMATION
Do you have a valid New York State Drivers License? [ ] Yes [ ] No

If No, do you have an out of state Drivers License? [ ] Yes [ ] No

Indicate what State you have a drivers license from_____

Please indicate any traffic convictions related to moving violations and any suspensions, revocation, D.W.I., or driving while under the influence of drugs convictions, or any occurrence involving harm to persons or property while driving.

Date: Description:

Date: Description:

Date: Description:

If employed, I authorize the Head Injury Association to complete an initial check and periodic checks (Approximately every six months) of my Driver=s License. If at any time the Head Injury Association's insurance company refuses to insure me (due to my driving record), this can be justification or refusal of employment, or, if employed, termination from the Head Injury Associations employ.

Signature Date

Head Injury Association

A BRIDGE TO HOPE AND HEALING

Please answer the following Question:

1. While transporting several individuals served in an agency vehicle, you receive a cell phone call, what do you Do?

2. You are with one of our individual at his condominium and are accidently locked out of the apartment. What action do you take?

3. It is raining outside and you arrive at the assigned group home. The schedule calls for running outside activities with our individuals served. What should you do for the day with our individuals served?

4. You are in the residence preparing dinner and an individual served asks for assistance with toileting, what action do you take?

5. At the residence, an individual served slips and bangs their head. They are bleeding from the scalp, what action do you take?

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SELF-IDENTIFICATION OF RACE/ETHNICITY

Instructions: Please read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

The Head Injury Association is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require the Agency to invite employees to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information. All information will be reported in the same seven race/ethnicity categories identified below.

INVITATION TO SELF-IDENTIFY

PLEASE ANSWER THE FOLLOWING QUESTION

What is your race/ethnicity? You may mark only one box.

	Hispanic or Latino: a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
	White (not Hispanic or Latino): a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
	Black or African American (not Hispanic or Latino): a person having origins in any of the black racial groups of Africa.
	Asian (not Hispanic or Latino): a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
	Native Hawaiian or Other Pacific Islander (not Hispanic or Latino): a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
	American Indian or Alaska Native (not Hispanic or Latino): a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
	Two or More Races (not Hispanic or Latino): All persons who identify with more than one of the above five races.

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PRE-EMPLOYMENT STATEMENT

Please read carefully and sign the statement below:

1. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

2. The information I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification of refusal of employment, or, if employed, termination from the Head Injury Associations employ.

3. Any offer of employment I may receive from the Head Injury Association is contingent upon my successful completion of the Agency's total pre-employment screening process, including the agency reviewing professional references, education verification, OPWDD criminal background check, pre-employment and random drug screenings, verify employment eligibility, driver's license review, and any other regulatory mandatory checks. In the event of my employment, failure to receive satisfactory professional references, a satisfactory criminal background check, clean random drug screenings and or driver license review, may result in termination.

4. I authorize and request that all of my present and former employers furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information. I understand these references may contain otherwise privileged or confidential information.

5. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the agency and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the Head Injury Association or myself. I further understand that no manager or representative of the Agency, has the authority to enter into any agreement with me for employment for any specified period of time or to make any agreement.

Signature: _____ Date _____

Name in Print: _____

Head Injury Association
A BRIDGE TO HOPE AND HEALING
300 Kennedy Dr., Hauppauge, NY 11788
Phone: (631) 543-2245 Fax: (631) 716-7552

Employee Reference Form

Applicant Information

Applicant Name: _____

Social Security #: _____

Position Sought: _____

Previous Employer Information

Previous Employer: _____

Position Held: _____

Telephone Number: _____

Employment Dates: _____

Supervisor's Name: _____

Dear Employer:

The above named person has made an application for employment to The Head Injury Association. The following is their signed authorization for the release of the employment information requested below. Please complete all parts of this form and return promptly to the Human Resource Department. If you have any questions, please contact us at (631) 543-2245 ext.8726 or 4082

As part of my application for employment to The Head Injury Association, I hereby authorize the release of all information regarding my present or past employment which The Head Injury Association may request in order to determine my competence and other qualifications for employment in the position for which I applied. I understand these references may contain otherwise privileged or confidential information. I hereby release all institutions and individuals providing such references at the request of The Head Injury Association in good faith and without malice, from any liability.

_____
Applicant's Signature Date

Employment Dates: From: _____ To: _____

Position Held/Job Title: _____

Reason for Leaving: _____

Eligible for Rehire? Yes _____ No _____ **(If no, please provide an explanation below)**

Using the following codes, please evaluate the employee's performance (1=Poor, 2=Fair, 3=Average, 4=Very Good, 5=Excellent):

Quality of Work		Basic Knowledge of the Job		Competence and Skill in Performance	
Conduct/Demeanor		Cooperation with Supervisor		Initiative	
Sense of Responsibility		Attendance		Productivity or Quantity of Work	
Dependability/Reliability		Cooperation and Ability to Work With Others		Team Player	
Communication Skills		Ethical Conduct		Conduct With People Served	

COMMENTS (strengths/weaknesses):

_____

_____

_____ _____ _____
Signature Name & Title Date

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COMMENTS (strengths/weaknesses):

_____

_____

Signature _____ Name & Title _____ Date _____

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Communication Skills		Ethical Conduct		Conduct With People Served	

COMMENTS (strengths/weaknesses):

_____

_____

_____ _____ _____
Signature Name & Title Date

NYS Justice Center for the Protection of People with Special Needs (Justice Center) Criminal Background Check Unit 161 Delaware Avenue Delmar, NY 12054 Fax: 518-549-0464	**Request for Staff Exclusion List Check Form**	

The Justice Center maintains a Vulnerable Persons Central Register (VPCR) that includes a Staff Exclusion List (SEL) containing the names of individuals who have committed serious acts of abuse and are deemed ineligible to work in a position involving regular and substantial contact with a service recipient. Providers must request the Justice Center to conduct a check of the SEL before determining whether to hire or otherwise allow "any person" to have regular and substantial contact with a service recipient. "Any person" can include an employee, administrator, consultant, intern, volunteer, or contractor.

Instructions:

1. The provider's Authorized Person must complete this form and fax it to the Justice Center's Criminal Background Check (CBC) unit for an applicant under serious consideration to be hired or otherwise permitted to have regular and substantial contact with a service recipient.
2. The Justice Center's CBC unit will send the Authorized Person an email indicating the results of the SEL check.
3. If the Applicant is on the SEL, he or she may not be hired in a position involving regular and substantial contact with a service recipient in a facility or provider agency defined in Social Services Law §488(4) or by other providers of services in programs licensed or certified by the Office of Mental Health, Office for People With Developmental Disabilities, Office of Alcohol and Substance Abuse Services, Office of Children and Family Services, Department of Health and State Education Department.
4. If the Applicant is on the SEL, certain other providers have discretion whether to hire the individual as provided in Social Services Law §495(3).
5. If the Applicant is not on the SEL, a criminal background check through the Justice Center, if required, and an inquiry of the Statewide Central Register of Child Abuse and Maltreatment through the Office of Children and Family Services, if required, must be conducted.

Part 1. Applicant Information (Please Print)

Last Name:	First Name:	MI:
Date of Birth:	Social Security Number:	Alien Reg#:
Applicant address:	Applicant type:	
Facility/Provider Name: Head Injury Association Address: 300 Kennedy Dr., Hauppauge, NY 11788		
State Oversight Agency: OMH OPWDD OCFS DOH SED OASAS	Please circle appropriate agency(ies)	

Part 2. Authorized Person Information Please print clearly

Name: (Please Print)	Jennifer Daley	Email:	Jdaley@headinjuryassoc.org
Signature:		Phone:	631-543-2245 Ext. 8728
Facility/Provider name:		Address:	