

www.Aimservicesinc.org

(PLEASE PRINT in blue or black ink. Only legible applications will be considered. If you need assistance filling out this application, please ask for help at the front desk)

Referral Source: Advertisement Friend Relative Employment Agency Walk In
Other/Self Direction Individual:

Telephone (Cell)_____ **(Home)**_____ **Email Address**_____

(Proof of citizenship or immigration status will be required upon employment)

If yes, please explain:

"Please be advised that you may need to provide information, statements and fingerprints according to the requirements of the Agency, and OPWDD in order for a background check to be conducted through DCJS. If applicable, 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."

EMPLOYMENT EXPERIENCE

Start with your most recent job. Include military service assignments and position related volunteer activities.

1.

<u>Employer</u>	<u>Job Title</u>	<u>Phone Number</u> () -	Employment Dates From To
Address	Supervisor	Work Performed	Work Performed
REASON FOR LEAVING			
Explain Any Gap in Time Between Position 1 and Position 2:			

2.

<u>Employer</u>	<u>Job Title</u>	<u>Phone Number</u> () -	Employment Dates From To
Address	Supervisor	Work Performed	Work Performed
REASON FOR LEAVING			
Explain Any Gap in Time Between Position 2 and Position 3:			

3.

<u>Employer</u>	<u>Job Title</u>	<u>Phone Number</u> () -	Employment Dates From To
Address	Supervisor	Work Performed	Work Performed
REASON FOR LEAVING			
Explain Any Gap in Time Between Position 3 and Position 4:			

4.

<u>Employer</u>	<u>Job Title</u>	<u>Phone Number</u> () -	Employment Dates From To
Address	Supervisor	Work Performed	Work Performed
REASON FOR LEAVING			

If you need additional space, please continue on a separate sheet of paper

OTHER RELATED HISTORY: Please list below the name address phone number and dates of any prior or current experience as an employee, volunteer or provider with the New York State Office for People With Developmental Disabilities ("OPWDD"), any other state agency or any other human services provider. Also list any prior or current experience you have in work relevant to the position for which you are applying, including child caring experience. Employment listed above under Employment History need not be repeated.

Name	Address	Phone	Dates	Position/Duties

Please list any other special skills or completed training/courses which might aid in the performance of duties of the position for which this application is being made. Also include any relevant professional license held: _____

EDUCATION

	School Name	School Address	Circle Years Completed	Diploma/Degree Course Study
Elementary			4 5 6 7 8	
High School			9 10 11 12	
College/University			1 2 3 4	
Graduate/Professional			1 2 3 4	

PERSONAL REFERENCES

Please list three (3) Personal References who are not related to you, and who are not previous employers.

Name:	Email:	Phone No.
Name:	Email:	Phone No.
Name:	Email:	Phone No.

APPLICANT'S STATEMENT

I certify that the information I provided on this application and any accompanying documentation, and will provide throughout the hiring process is true and complete to the best of my knowledge. The company may investigate all statements contained in this application and may utilize social media searches to do so. In the event of employment, I understand that false, incomplete or misleading information given in my application, during the interview(s), or at any other time, is grounds for and may result in immediate discharge regardless of the timing or circumstances of discovery.

I further understand that, should an offer of employment be extended, that employment will be "at will", for no specified duration and may be terminated by myself or AIM at any time, with or without cause. I understand that neither this application, any statements made by any AIM representatives, nor any offer of employment from AIM constitutes an employment contract. I also understand that no representative of AIM has the authority to enter into an employment contract, guarantee employment for a specified period, or modify any of the foregoing, other than in a written document signed by the Executive Director.

I understand, also, that I am required to abide by all rules, policies and procedures, and regulations of the employer, and that any employment offer may be contingent on acceptable references, physicals, testing, and criminal background checks.

Signature of Applicant _____ Date: _____

We are an Equal Opportunity Employer and have strict policies regarding discrimination in the application and course of employment.



Justice Center for the
Protection of People
with Special Needs

Applicant Consent Form for Fingerprinting for Justice Center Criminal Background Check (CBC)

NYS Justice Center for the
Protection of People with Special
Needs (Justice Center)
Criminal Background Check Unit

Part 1. Applicant Information (Please Print)

Last Name:	First Name:	MI:
Date of Birth:	Applicant type: Employee _____ Volunteer _____	Family Care _____ Operator _____
Applicant address, city state:	Social Security Number:	
Facility/Provider Name: AIM Services, Inc.		

Part 2. Attestation

- I have been advised that as part of the application process, the facility or provider agency listed above must request a background check with the NYS Division of Criminal Justice Services (DCJS) and the Federal Bureau of Investigation (FBI) and the Justice Center must review and evaluate the results received from DCJS and the FBI. A conviction for certain crimes may affect my suitability for employment in this position.
- I consent to having my fingerprints taken and submitted to DCJS and the FBI and consent to the Justice Center sharing with the facility or provider agency listed above a summary of the NYS criminal history information, if any, returned by DCJS, as part of its background investigation of my suitability for employment or volunteer service, or for certification as a natural person operator.
- I have been advised that procedures exist for me to obtain, review and, if necessary, seek correction of my criminal history information pursuant to regulations established by DCJS in 9 NYCRR Part 6050, and the FBI, as applicable.
- I have been advised that I have the right to withdraw my application for employment or volunteer service, or certification as a natural person operator, without prejudice, any time before employment, volunteer service, or certification as a natural person operator is offered or declined, regardless of whether the authorized person of the facility or provider agency has reviewed the summary of any criminal history information.
- I have been advised that the results of the criminal background check forwarded to the Justice Center shall be confidential pursuant to the applicable federal and state laws, rules and regulations, and shall only be disclosed to persons authorized by law. Criminal history information will be considered pursuant to Article 23-A of the NYS Correction Law in making hiring determinations.
- I affirm that the fingerprints submitted will be my own and that the information I have provided is true, complete and accurate.
- I certify to the best of my knowledge that I: (check as appropriate)
 - _____ have not been convicted of a crime.
 - _____ have been convicted of a crime in NY or other jurisdiction.
 - _____ have pending arrest charges.If (b) or (c) is checked, provide details: _____

- I have been advised that my social security number is being requested so that the Justice Center may check whether I am on the Staff Exclusion List as required by Social Services Law and will be performed prior to the criminal history information check.

You have not been convicted of a crime if:

- Your conviction was sealed; dismissed; reversed; resulted in a youthful offender (YO) or juvenile delinquency (JD) adjudication; resulted in a conviction for a non-criminal violation offense; or if you were acquitted;
- you received an Adjudgment in Contemplation of Dismissal (ACD) and the adjournment period has elapsed; or
- you withdrew your plea after completing a treatment program, and were not convicted of a felony or misdemeanor.

Applicant Signature		Date:
Guardian signature if under 18		Date:
Part 3 Facility or Provider Agency Authorized Person Information		
Authorized Person Name:	Aura Englese	Title: Director of Human Resources
Signature:	<i>Aura Englese</i>	Email: aenglese@aimservices.nc.org

EMPLOYMENT VERIFICATION FOR AIM SERVICES, INC.

APPLICANT TO COMPLETE THIS PORTION ONLY

I hereby authorize the release of information concerning my work performance, professional conduct and/or training while in your employ to the above named agency:

Signature: _____

Print Name: _____

Date: _____

Other (Former)Name: _____

Last 4 digits of SSN# XXX-XX- ____

Position Applied for: _____

To:

From:  AIM Services, Inc.
Human Resources Department
4227 Route 50
Saratoga Springs, NY 12866
p. 518-587-3208 f. 518-587-7236

The above named applicant has indicated previous employment with you from _____ to _____ and has applied for the position of: _____. Your assistance in completing this work reference is greatly appreciated and will be kept in strict confidence. Thank you in advance for your anticipated assistance.

Kayla Winsman
Program Director of Human Resources

***** EMPLOYER TO COMPLETE *****

Dates of Employment: _____

Job Title: _____

Based on your understanding, why did the applicant leave? _____

Reason for leaving: Voluntary _____ Involuntary _____ (please check one)

Is the applicant eligible for rehire? Yes _____ No _____ If not, please explain _____

Would you recommend this applicant for this position? Yes ___ No ___ If no, why? _____

How would you rate the applicant on the following factors (please check appropriate box):

	SUPERIOR	SATISFACTORY	UNSATISFACTORY
WORK PERFORMANCE			
ATTENDANCE			
ABILITY TO WORK WITH OTHERS			
PROFESSIONAL CONDUCT			

Comments: _____

Signature of person providing reference: _____ Date: _____

Title: _____ Company Name: _____

****Please fold and return in the enclosed self-addressed stamped envelope. Thank you****

AIM Office Use Only

Verified title and dates of employment. Dates match _____ Dates do not match _____
If dates/title do not match, date applicant contacted: _____ Explanation: _____



Self-Direction Notice of Employment Form

Employee Name: _____ Participant Name: _____

For initial employment this form should be completed prior to hiring and returned with the New Hire Packet. Once employed the Notice of Employment form needs to be completed if an employee's pay rate, scheduled hours or status changes. Please note the Notice of Employment Form must be completed for each person the employee is supporting.

To begin the change of pay process AIM Services requires a completed Notice of Employment Form and a New York State approved Self-Direction budget that incorporates a rate equal to or higher than the employee's payrate indicated below.

Employee payrates you indicate below must be included in your approved Self-Direction Budget.

Employee Payrate:

Employee Payrate		
Community Habilitation (CH)	Respite	Supported Employment (SEMP)
\$	\$	\$
Average hours per Week:	Average hours per week:	Average hours per week:

AIM Services is able to assist you by supporting one differential per service provided. A differential is a change (greater or less) in the rate of pay that you have contracted for that specific support. Differentials can be used to support an increased rate of pay for the weekends or overnights to encourage staffing hours. Reasoning and use of the differential is your choice and should be discussed with your support team.

Differential Payrate	
Community Habilitation (CH)	Respite
\$	\$

Employee Schedule: Employees must have a set schedule to be eligible for part-time or full-time employment. Please identify a general schedule of supports agreed upon below (include a start and end time for each scheduled day).

- The proposed schedule cannot overlap with the employee's pre-existing schedule of supports at AIM Services
- Employee cannot be routinely scheduled over 40 hours a week
- Employee should have one scheduled day off within a work week

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Employee Status: Indicate employee's status at AIM Services; this includes all hours of staff support provided (including with other individuals). If a new employee status is not indicated it will be assumed the employee is remaining at their current status.

☐ Per Diem (1-19 hours) ☐ Part-time (20-34 hours) ☐ Full-time (35-40 hours)

Authorization: Both signatures are required to being processing the Notice of Employment Form

Employee Signature: _____

Date: _____

Participant/Representative Signature: _____

Date: _____

Benefit Information will be offered to all eligible employees