APPLICATION FOR EMPLOYMENT
AIM SERVICES, INC.
4227 Route 50, Saratoga Springs, NY 12866
www.Aimservicesinc.org

Applicants are considered for all positions (and treated during any subsequent employment), without regard to race, color, religion, gender, national origin, age, disability, sexual orientation, gender identity or expression, marital status, military status, domestic violence victim status, or any other prohibited basis of discrimination, as provided under applicable state and federal law.

(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)

Date of Application _____ **Position(s) Applied For**_____

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

Name _____ **Social Security Number** _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP CODE

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

If employed and you are under 18, can you furnish a work permit? ☐ Yes ☐ No ☐ N/A

Have you filed an application here before? ☐ Yes ☐ No
If Yes give date _____

Have you ever been employed here before? ☐ Yes ☐ No
If Yes give date _____

Are you employed now? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No
(This may be required prior to any employment offer) If Yes give date _____

Are you prevented from lawfully becoming employed by this country? ☐ Yes ☐ No
(Proof of citizenship or immigration status will be required upon employment)

On what date would you be available for work? _____

Are you available to work ☐ Full Time ☐ Part Time ☐ Per Diem ☐ Temporary

Can you travel if job requires it? ☐ Yes ☐ No

Have you **EVER** been convicted of a misdemeanor, felony, or other crime (other than a minor traffic infraction) in any jurisdiction?
☐ Yes ☐ No If yes, describe in detail (Including year): _____

_____

(*A conviction is not an automatic bar from employment. Each case is considered and evaluated on its individual merits in relation to the duties and responsibilities of the position.)*

Are there **any** pending criminal charges, against you? ☐ Yes ☐ No
If yes, describe in detail:

_____

_____

Have you **EVER** been sanctioned or otherwise disciplined by, or excluded from, the New York Medicaid Program, Medicare or any other state or federal government funded program? ☐ Yes ☐ No
If yes, describe in detail:

_____

_____

Have you had a personal or employment related conviction or prior history of child abuse, neglect or mistreatment?
☐ Yes ☐ No
If yes, describe in detail:

_____

_____

Have you **EVER** been convicted of a motor vehicle moving violation including but not limited to alcohol and drug related offences, or had any suspension, revocation, or occurrence (accidents) involving harm to human beings or property while driving? (Include dates of occurrences) ☐ Yes ☐ No
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.

Employer	Job Title	Phone Number ( ) -	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.

Employer	Job Title	Phone Number ( ) -	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.

Employer	Job Title	Phone Number ( ) -	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.

Employer	Job Title	Phone Number ( ) -	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.

NEW YORK STATE OF OPPORTUNITY. 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

1. 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.
2. 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.
3. 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.
4. 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.
5. 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.
6. I affirm that the fingerprints submitted will be my own and that the information I have provided is true, complete and accurate.
7. I certify to the best of my knowledge that I: (check as appropriate)
   (a) ☐ have not been convicted of a crime.
   (b) ☐ have been convicted of a crime in NY or other jurisdiction.
   (c) ☐ have pending arrest charges.
   If (b) or (c) is checked, provide details:_____

You have not been convicted of a crime if:
a. 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;
b. you received an Adjournment in Contemplation of Dismissal (ACD) and the adjournment period has elapsed; or
c. you withdrew your plea after completing a treatment program, and were not convicted of a felony or misdemeanor.

8. 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.

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:	Aura Englese	Email: aenglese@aimservicesinc.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: _____

The Notice of Employment Form (NOE) should be filled out for any of the following situations:

- For initial employment or when activating a Self-Hired Staff, that had previously been cleared by AIM
- Anytime the employee's pay rate or average scheduled hours changes
- Anytime the employee's status changes (Full-time, part-time, per diem)
- You are no longer working with an employee

Staff Connection:

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.

The employee payrates indicated below must be included in your approved Self-Direction Budget.

Participant/Employee Specific Information:

Community Habilitation (CH)	Respite	Support Employment (SEMP)
☐ Add ☐ Remove ☐ Payrate Change	☐ Add ☐ Remove ☐ Payrate Change	☐ Add ☐ Remove ☐ Payrate Change
$	$	$
Average hours per Week:	Average hours per week:	Average hours per week:

Differential Payrate: 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. AIM Services is able to assist you by supporting one differential pay rate per service provided.

Differential Payrate	
Community Habilitation (CH)	Respite
$	$

General Employee Information:

Employee Status: Indicate the employee's status at AIM Services; this includes all hours of staff support provided (including with other individuals).

Average Hours with all people supported at AIM Services:_____

Status		
☐ Per Diem	☐ Part-time	☐ Full-time
1-19 hours per week as needed	20-34 hours per week with a set schedule	35-40 hours per week with a set schedule

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

Employee Signature: _____ Date: _____

Participant/Representative Signature: _____ Date: _____

Benefit Information will be offered to all eligible employees
Employees must maintain their scheduled hours to continue to receive the associated benefits