

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.

<u>Employer</u>	<u>Job Title</u>	<u>Phone Number</u> () -	<u>Employment Dates</u> From To
Address	Supervisor	Hourly Rate/Salary Start End	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> () -	<u>Employment Dates</u> From To
Address	Supervisor	Hourly Rate/Salary Start End	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> () -	<u>Employment Dates</u> From To
Address	Supervisor	Hourly Rate/Salary Start End	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> () -	<u>Employment Dates</u> From To
Address	Supervisor	Hourly Rate/Salary Start End	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:	Address:	Phone No.
Name:	Address:	Phone No.
Name:	Address:	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.

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** 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.
Katie Carson
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: _____	

