



Employment Application

Federal and State Law prohibit discrimination in employment practices because of race, creed, color, sex, national origin, age, marital status, sexual preference, disability, citizenship, arrest record, religion and status of Vietnam era veteran.

CDS is an Equal Opportunity Employer

Applicant Information

Full Name: _____ SSN# _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: () _____ E-mail Address: _____

Date Available: _____ Desired Salary: \$ _____

Availability

Full-time Part-time Day Evening Relief Overnight Temporary Summer Weekends Holidays

Are you at least 18 years of Age? Yes No Are you legally employable in the United States? Yes No

Position(s) applying for: _____

Have you ever worked for or applied at CDS? Yes No If yes, please describe _____

Motor Vehicle Requirements

Pursuant to New York State Office of Mental Retardation and Developmental Disabilities regulation 633.5(b) the following information is to be completed for all applicants where there is a bona fide job qualification for the prospective employee to possess a valid New York State driver's license and to engage in driving a motor vehicle in the course of employment. All such prospective employees must meet CDS Vehicle Operator Requirements.

Have you had a driver's license for a minimum of two years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a valid New State Drivers License <input type="checkbox"/> Yes <input type="checkbox"/> No
Class: <input type="checkbox"/> Passenger (D) <input type="checkbox"/> Non-CDL (C) <input type="checkbox"/> Taxi (E)	Commercial Drivers License CDL <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Other
The NYS Dept of Transportation requires 19-A Certified Drivers to be at least 21 years of age.	Are you at least 21 years of Age? <input type="checkbox"/> Yes <input type="checkbox"/> No
List Previous Addresses and names (Birth and/or Aliases) used during the past 7 years:	
Motorist ID #	

Education

All offers of employment are contingent upon applicant providing official proof of highest degree awarded

	Name	Address	Area of Study	Degree Awarded
High School				
College				
Other				

Application Statement

I certify, to the best of my knowledge and beliefs, the answers to the above questions are true. I understand that if driving is a requirement of the position for which I am being considered, having and maintaining a satisfactory driving record is a condition of employment. I agree to allow CDS to check my driving record prior to hire and periodically thereafter. I further agree to report any license suspension, serious accidents or offenses or any other condition to my supervisor immediately that may affect my ability to drive during the course of employment.

Signature: _____ Date: _____

FOR OFFICE USE ONLY- DO NOT WRITE BELOW

Minimum Qualifications :	Approved: <input type="checkbox"/>	Disapproved <input type="checkbox"/>	Initials Date
Comments:			

How did you hear about CDS

Advertisement (List Publication) _____
 Friend/Relative _____
 Employee Referral (List Name) _____
 College Posting
 Walk-in
 CDS/Unistel Website
 Media Event
 Careerbuilder.com
 Department of Labor
 Employment Agency

Work Experience

DO NOT SUBSTITUTE A RESUME FOR THIS SECTION OR WRITE SEE RESUME

Please give accurate, complete job information include addresses and phone number. Failure to do so could affect your chances of being considered for employment. **(List most recent first)**

Company Name	Complete Address Phone Number	Dates of Employment	Job Title	Salary	Reason for Leaving
Are you eligible for rehire at the above company? <input type="checkbox"/> Yes <input type="checkbox"/> No please explain					
Are you eligible for rehire at the above company? <input type="checkbox"/> Yes <input type="checkbox"/> No please explain					
Are you eligible for rehire at the above company? <input type="checkbox"/> Yes <input type="checkbox"/> No please explain					
Are you eligible for rehire at the above company? <input type="checkbox"/> Yes <input type="checkbox"/> No please explain					

Personal References

Provide two personal references: past employer, supervisor, co-worker or business associate. Relatives and/or friends are not acceptable forms of personal references.

Name	Complete Address	Telephone	Relationship/Occupation

List any special skills or training in the space provided below:

List special accomplishments, publications, awards, certifications or any additional information you would like us to consider. (Exclude information that would reveal sex, race religion, national origin, age, color, disability, or other protected status:

Have you ever worked for CDS in past? Yes No If yes, please indicate the year and program

Can you perform the essential functions of the job for which you are applying? Yes No

Conviction Statement

Conviction Explanation: **Please read entire section, then answer conviction question below. All direct care and clinical positions must undergo fingerprinting through OMRDD for a Criminal Background Check for all convictions and all pending charges and the OMRDD makes the final decision regarding results.** You must include:

- Alcohol-related driving convictions and reckless driving convictions
- All levels of pending and convictions classified as violations, misdemeanors, or felonies

Do not include:

- Parking violations or traffic infractions
- Convictions records sealed by court, including juvenile court records, juvenile offender, youthful offender, or other sealed records
- Records for a violation or crime for which you have received adjournment in contemplation of dismissal (ACD) or conditional discharge

Failure to disclose a conviction or pending charge will be cause for disqualification based upon your untruthfulness. If you are not certain of the details of a conviction or pending charge, list the information you know- do not omit it.

Have you ever been convicted of a violation of law? Yes No Do you have any pending charges of a violation of law? Yes No

If yes to any of the questions above, list violations & dates in space below:

Vision

Continuing Developmental Services, Inc. is a world-class human service organization that supports people in the pursuit of their personal dreams.

Mission

Continuing Developmental Services, Inc. is an organization of highly skilled dedicated people that provide quality services to individuals with developmental disabilities for their well being and growth

Shared Values – S.E.R.V.I.C.E.

- Satisfied Customers
- Empowerment
- Respect
- Valued Employees
- Innovation
- Collaboration
- Education

Customer Service Standards - S.C.OR.E.

- Safety
- Compassion
- Opportunity
- Responsiveness
- Efficiency

APPLICATION STATEMENT PLEASE READ BEFORE SIGNING

I authorize the investigation of all information contained in this application. I release from liability any person giving or receiving such information. I further agree that CDS Inc. may contact former employers listed in my application.

I understand that any offer of employment with CDS may be contingent upon my passing a required physical exam and pre-employment drug test for the detection of illegal drugs. All offers of employment to applicants who will have regular and substantial unsupervised or unrestricted physical contact with individuals receiving services will be contingent upon successful completion of a criminal history record check, including providing information, statements and fingerprints as necessary. I understand that, if hired, I will be required to provide documentation that I meet the educational requirements of the position, verification of my legal right to work in the U.S. and have completed a screening for Tuberculosis within the previous 10 months.

In signing this application, I certify that all information provided is complete and an accurate statement of the facts and understand that if any misrepresentation, omission or falsification is discovered, it is cause for dismissal. I verify that, if hired, I can submit verification of my legal right to work in the U.S and that I meet educational requirements. I understand my employment is for no definite period of time and may be terminated by either party at any time except as limited by a written employment contract or written collective bargaining agreement and that no representative of the agency has the authority to make any assurances to the contrary. I also understand that I am required to abide by all rules and regulations of the agency.

Signature of Applicant _____ Date _____

CDS is a drug free workplace

AFFIRMATIVE ACTION QUESTIONNAIRE

Employees are treated during the employment process without regard to race, color, religion, sex, national origin, age, marital status or veteran status, disability, or any other legally protected status.

The purpose of this Affirmative Action Questionnaire is to support our effort to comply with government regulations and responsibilities. The completion of this questionnaire is optional. If you choose to volunteer the requested information please note that all questionnaires are kept in a confidential file and are not a part of your Application for Employment or personnel file.

PLEASE NOTE: YOUR COOPERATION IS STRICTLY VOLUNTARY AND YOUR PARTICIPATION WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

Please Print

Date _____

This data is for statistical analysis with respect to the success of the Affirmative Action program.
SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Name Telephone number

Address Social Security number

Check One: Male Female

Check one of the following: (Ethnic Origin)

African American Hispanic Asian/Pacific Islander Native American Caucasian Other

Check if ANY of the following apply:

Not Disabled Not a Veteran Disable

"Disabled" is defined as a person who:

1. has a physical or mental impairment which substantially limits one or more major life activities
2. has a record of having had such an impairment
3. is regarded by others as having such an impairment.

Vietnam Era Veteran (Served in military service anytime during 8/5/64-5/7/75)

Disabled Veteran (Person entitled to VA Disability compensation or discharge from active duty for a disability)