



sail
The School for
Adaptive & Integrative Learning
Application for Employment

SAIL at Ferncliff Manor is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or an employee on the basis of age, sex, sexual orientation, race, color, creed, religion, ethnicity, national origin, alienage, or citizenship, disability, marital status, familial status, veteran status, or any other legally recognized protected basis under federal, state, or local laws, regulations or ordinances. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant name: _____ Date: _____

Position(s) applied for or type of work desired: _____

Address: _____

Telephone #: _____ Social Security #: _____

Type of employment desired: _____ full-time _____ part-time

Date you will be available to start work: _____

Do you have any objection to working overtime if necessary? ___ Yes _____ No

Have you ever been previously employed by our organization? ___ Yes _____ No

Are you legally authorized to work in the United States? _____ Yes _____ No

Will you now or in the future require sponsoring for employment visa status (e.g., H-1B visa status)? _____ Yes _____ No

(Note: if hired, you must complete Section 1 on Form I-9 required by the U.S. Immigration and Naturalization Service no later than the first day of work and provide the documentation required by section 2 no later than three (3) business days after you start work. A copy of the back of Form I-9, listing acceptable documentation is attached.)

If you are under 18, can you furnish a work permit if it is required? _____ Yes _____ No

Have you ever been convicted of a crime or do you have any criminal charges currently pending against you? _____ Yes _____ No

You must consent to a Criminal Background Check by NYS OMRDD in order to be employed by SAIL at Ferncliff Manor. If you have any questions about the procedure for this requirement please call Kristen Yurczak, Director of Human Resources at (914) 968-4854 ext. 233.

Drivers license number (if driving is an essential job duty): _____

How were you referred to us? _____

Employment History (this is required information)*

Please provide all employment information for your past four employers starting with the most recent.

Employer: _____ **Position held:** _____

Address: _____ **Telephone #:** _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ **Salary:** _____

Job summary: _____

Reason for leaving: _____

Employer: _____ **Position held:** _____

Address: _____ **Telephone #:** _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ **Salary:** _____

Job summary: _____

Reason for leaving: _____

Employer: _____ **Position held:** _____

Address: _____ **Telephone #:** _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ **Salary:** _____

Job summary: _____

Reason for leaving: _____

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Educational History

List school name and location, years completed, course of study, and any degrees earned:

High school: _____

College: _____

Technical Training: _____

Other: _____

References (this is required information)*

List 3 references names, telephone numbers, and years known (do not include relatives or employers):

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered. I further understand that any offer of employment is conditioned upon the successful completion of any background investigation or verification of employment, references and education.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired.

By signing below, I certify that I have read and fully understand the questions asked on this form and any statements found on this form

Applicant signature: _____ Date: _____