



Employment Application Form

PLEASE COMPLETE PAGES 1-4.

DATE _____

Name _____
Last First Middle

Current address _____
Number Street City State Zip

Cell phone (____) _____

Home phone (____) _____

Are you under age 18? ____NO ____ YES If Yes, can you provide proof of your eligibility to work? ____YES ____NO

Are you currently authorized to work in the United States? ____YES ____NO Proof of eligibility will be required if hired.

Position applied for: _____
 Days/hours available to work
 No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

Wage desired: _____ hourly _____ yearly
 (Be specific)

How many hours can you work weekly? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY TEMPORARY/CONTRACT

When are you available to start work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE or DIPLOMA
High School				
College				
Bus. or Trade School				
Professional School				

How did you find out about this job opening? _____

APPLICATION FOR EMPLOYMENT

	MILITARY	
HAVE YOU EVER BEEN IN THE ARMED FORCES?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ARE YOU NOW A MEMBER in the ARMED FORCES?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Specialty _____	Date Entered _____	Discharge Date _____

Work Experience Please list your work experience beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name and title of last supervisor	Employment dates
	Name: _____	From
	Title: _____	To
	Your last job title	
Reason for leaving (be specific)		
Name of employer Address City, State, Zip Code Phone number	Name and title of last supervisor	Employment dates
	Name: _____	From
	Title: _____	To
	Your last job title	
Reason for leaving (be specific)		
Name of employer Address City, State, Zip Code Phone number	Name and title of last supervisor	Employment dates
	Name: _____	From
	Title: _____	To
	Your last job title	
Reason for leaving (be specific)		
Name of employer Address City, State, Zip Code Phone number	Name and title of last supervisor	Employment dates
	Name: _____	From
	Title: _____	To
	Your last job title	
Reason for leaving (be specific)		

May we contact your present/previous employer? Yes No

Are you able to perform the essential functions of the job for which you have applied, with or without a reasonable accommodation? Yes _____ No _____

Please list any professional license, and/or training certificates, and expiration date.

License	Expiration
Additional Training/Certificate	Expiration

Please list 3 professional references and contact telephone and/or email address:

Reference name & title	Reference phone number	Reference Email address
1)		
2)		
3)		

PLEASE READ CAREFULLY

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 hereby authorize The Dale Association to contact any schools, former places of employment, and/or persons who may aid the agency in determining my suitability for employment. Additionally, I release those individuals and/or organizations contacted from all liability whatsoever for issuing the requesting information.

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.

The Dale Association, Inc. (The Dale) is committed to equal employment opportunity. In accordance with applicable federal, state and local law, The Dale prohibits discrimination against any applicant or employee based on any legally-recognized basis, including, but not limited to: race, color, sex (gender), creed, religion, age (18 and over), sexual orientation or gender identity or expression, pregnancy, marital status, familial status, domestic violence victim status, mental or physical condition or disability, national or ethnic origin, political affiliation, or status as a disabled veteran or other protected veteran under U.S. federal law. Employment decisions and advancement opportunities will equally be given based on merit, qualifications and abilities.

Thank you for completing this application form and for your interest in The Dale Association, Inc.

Applicant Signature

Print

Date

Continue to back for Exclusion Certification

Exclusion Certification

I understand that, as part of The Dale Association, Inc.'s adherence to the highest standards of compliance, no employee, agent or board member working/serving on behalf of The Dale Association, Inc. is an Excluded Individual or Excluded Entity who has been excluded from participation in any Federal health care program as required by the Social Security Act, Section 128 (a)42 U.S.C., Section 1320a-7(a) or permitted by the Social Security Act Section 1128(b) (42 U.S.C., section 1320a-7(b)).

As an employee, agent or board member of The Dale Association, Inc. I hereby certify that I am not an Excluded Individual or Entity.

By signing this form, permission is given to The Dale Association, Inc. to search one or more of the following databases with regard to the below listed individual.

Refusal to sign this agreement disqualifies the individual or entity from employment, internship, or contract consideration.

Name (print)

Social Security Number

Signature

TIN (Tax Identifying Number) (if applicable)

Date

DUNS Number (if applicable)

CAGE Code (if applicable)

DO NOT WRITE BELOW THIS LINE

Staff Use Only

The following databases have been searched with regard to the above listed individual or entity:

1.) **Federal Office of Inspector General Staff Exclusion List** <http://exclusions.oig.hhs.gov>

Date: _____ Name Found? Yes _____ No _____

2.) **NYS Justice Center for the Protection of People with Special Needs Staff Exclusion List**

(Checked when CBC is required) <https://vpcr.justicecenter.ny.gov/SEL/>

Date: _____ Name Found? Yes _____ No _____

3.) **SAM/EPLS (System Awards Management/Excluded Parties Listing System)**

<https://www.sam.gov/portal/SAM/##11>

Date: _____ Name Found? Yes _____ No _____

4.) **Office of Medicaid Inspector General Exclusions Database**

<https://www.omig.ny.gov/index.php/fraud/medicaid-exclusions>

Date: _____ Name Found? Yes _____ No _____

5.) **NYS Ed. Dept. of the Professions** <http://www.op.nysed.gov/opsearches.htm>

Date: _____ Name Found? Yes _____ No _____

Search completed by: _____ Date: _____