

Dear Applicant:

Thank you for your interest in joining Exceptional Family Resources.

- **Please complete the online application and mail to: C. Davia, Exceptional Family Resources, 1820 Lemoyne Ave., Syracuse, NY 13208 , fax to: (315) 478-1467, or send as an attachment in an email to: [hr@contactefr.org](mailto:hr@contactefr.org).** Please be aware that incomplete applications will slow up the application process. After review of your application, you will be contacted for an over the phone pre-screening. When the pre-screening is completed, your application will be reviewed by one of our supervisors who are in need of staff. If your qualifications meet our current needs along with your availability and location request, a supervisor will contact you for a face-to face interview.

After your interview, if both you and the supervisor you interviewed with decide to proceed with the hiring process and you are given an employment offer contingent on satisfactory results from the background checks, you will be asked to complete the following forms, as stated in the last paragraph of our application:

- Applicant Consent Form for Fingerprinting for Justice Center Criminal Background Check (CBC)
- Fingerprint Applicant Info Sheet
- Motor Vehicle Record Check form (if applicable)
- State of New York Office for People with Developmental Disabilities Applicant Information Sheet (Form OPWDD 152)

Fingerprinting is done at an off-site location. The necessary appointment will be made by the Human Resource Department.

If the background results are satisfactory, and we proceed with the hiring process, you will be asked to bring in your educational diploma/GED, employment eligibility documents, and auto insurance card, if applicable, along with other pertinent documents on your first day of employment. Please feel free to call me at 478-1462, ext. 329, if you have any questions.

Sincerely,

Carolyn DaVia  
Recruiter



**APPLICATION FOR EMPLOYMENT**  
 (Complete all questions or indicate "not applicable")

Name (last, first, middle) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone #s (H) (\_\_\_\_) \_\_\_\_\_ (W) (\_\_\_\_) \_\_\_\_\_ (C) (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Position(s) applying for: \_\_\_\_\_

If under 18, can you furnish a work permit?  Yes  No  Not Applicable

Are you eligible for employment in the US?  Yes  No

Are you employed now?  Yes  No May we inquire of your present employer?  Yes  No

Date you can start \_\_\_\_\_ Salary desired \_\_\_\_\_

Have you ever been employed here before?  Yes  No If yes, when? \_\_\_\_\_

Have you ever been convicted of a misdemeanor or a felony in any jurisdiction?  Yes  No

Do you have any pending charges?  Yes  No If yes to either question, please explain below:  
 \_\_\_\_\_  
 \_\_\_\_\_

Valid NYS Driver's License, if required?  Yes  No Driver's License # \_\_\_\_\_

Do you have any convictions for moving violations in the past three (3) years, and/or ever had any suspension, revocation DWI, convictions, or any occurrence involving harm to anyone or property when driving?  Yes  No If yes, please explain below:  
 \_\_\_\_\_

**EMPLOYMENT HISTORY**

Provide the following information per your past three (3) employers, assignments or volunteer activities starting with the most recent.

1. From	To	Employer	Telephone
Job Title		Address	
Supervisor/Title		Job Responsibilities	
Reason for Leaving		Salary:	Start: Ending:
2. From	To	Employer	Telephone
Job Title		Address	
Supervisor/Title		Job Responsibilities	
Reason for Leaving		Salary:	Start: Ending:

3. From	To	Employer	Telephone
Job Title		Address	
Supervisor/Title		Job Responsibilities	
Reason for Leaving		Salary:	Start:                      Ending:

**EDUCATIONAL BACKGROUND**

	Name and Address	Years Completed	Graduate?	Course of Study
High School				
College				
Other				

**SKILLS AND QUALIFICATIONS**

Summarize any training, skills, licenses, and/or certificates that may relate to position(s) applying for, including work in developmental disabilities:

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**REFERENCES – PROFESSIONAL** List the name, address, relationship and telephone number of **three (3)** professional references who can verify your employment history work record and qualifications

2. Name	Relationship	Telephone
Address		
3. Name	Relationship	Telephone
Address		
4. Name	Relationship	Telephone
Address		

**REFERENCES – PERSONAL**

List the name, address, relationship and telephone number of **two (2)** personal references, other than relatives, who can attest to your character, reputation and personal qualifications.

1. Name	Relationship	Telephone
Address		
2. Name	Relationship	Telephone
Address		

I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application or any related employment paperwork shall be grounds for immediate dismissal. I authorize the investigation of all statements contained herein and the references listed above to give you any and all information they have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to Exceptional Family Resources. I understand that positions requiring regular and substantial contact with a service recipient will require screening: by inquiries to the Justice Center for an SEL (Staff Exclusion List) check regarding substantiated allegations of abuse/neglect after 6/30/13; OPWDD MHL 16.34 (NYS Mental Hygiene Law) regarding prior substantiated allegations of abuse/neglect prior to 6/30/13; and Division of Criminal Justice Services for a criminal background check, conducted in accordance with OPWDD 633.22 regulations. Because this agency provides services and subsequently bills Medicaid for certain services provided, each potential employee, as well as each current employee and board member, will be subject to initial and periodic exclusion checks to verify that each person has not been excluded from federal healthcare programs. These checks include but may not be limited to searches from the following organizations: General Service Administration; Excluded Parties List System; Office of Inspector General-List of Excluded Individuals/Entities; Office of Foreign Assets Control-Specially Designated Nationals; NY Office of Medicaid Inspector General; OIG Most Wanted Office of Inspector General-Most Wanted Fugitives. Certain positions will require screening by inquiries to the Dept. of Motor Vehicles. I understand and agree that, if hired, my employment is "at will" for no definite period and may be terminated at any time with or without cause and without prior notice, or I may resign at any time with or without cause.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Supplemental Information**  
(Complete all questions or indicate "not applicable")

Name (Last, First MI) \_\_\_\_\_ Date \_\_\_\_\_

**AVAILABILITY**

Which days and hours are you available to provide services?

Day	(check off day)	A.M.	P.M.
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Other issues with availability of which we should be aware? \_\_\_\_\_

**ACCOMMODATIONS**

Please note A, B, or C next to each of the tasks described below explaining the nature of any modifications of or adjustments to the work that will enable you to participate and enjoy equal employment opportunity. Note: The care/supervision of specific individuals may not relate to all of these.

A--I can do this without accommodation(s)

B--I can do this with reasonable accommodation(s)

C--I cannot do this.

	1. Take direction from parents regarding the care and activities of their child.	Explain:
	2. Teach daily living skills (ie.planning & preparing meals, doing laundry, money management).	Explain:
	3. Participate in community activities with someone who has a disability.	Explain:
	4. Provide personal care (ie. bathing, feeding, changing diapers).	Explain:
	5. Lift/transfer individuals with a physical disability.	Explain:
	6. Supervise someone with challenging behaviors.	Explain:
	7. Transport a person with a disability in your car.	Explain:
	8. Report to Exceptional Family Resources on an ongoing basis.	Explain:

## TWO POSSIBLE SITUATIONS

The following are two situations that might occur when you are caring for a person with special needs. Please describe what you would do.

Situation 1: You are at a neighborhood playground with a girl who has autism and does not communicate verbally. The other children ask you questions about her, but hesitate to play with her. How would you facilitate interaction between the girl and her peers?

Situation 2: You are at the mall with a teen you provide services to and who is known to have challenging behaviors. He sees a puppy in the pet shop and starts to scream and hit you because he wants to buy the puppy but cannot. How would you respond?

Describe why you are motivated to work with people with developmental disabilities:

Is there anything else you would like to tell us regarding your abilities for such positions?

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_