

2. EDUCATION

HIGH SCHOOL/COLLEGE

Did you graduate from High School or receive an equivalency diploma? Yes No

Did you attend a college or university? Yes No

If yes, what is the name and location of the college or university?

Major: Minor:

Did you receive a college degree? Yes No

If yes, type of degree received

If no, how many credits did you earn toward a degree?

OTHER TRAINING PROGRAMS

Name & Location

Training/Course of Study

Type of Institution

Did you receive a degree or certificate? Yes No

If yes, type of degree or certificate received

If no, how many credits did you earn toward a degree or certification?

3. LICENSES/CREDENTIALS

A. Do you currently possess a professional license or credential? Yes No

If yes, name of issuing body

License/Credential Number

B. Do you currently possess a National Provider ID Number (NPI)? Yes No

If yes, please provide the NPI number

C. Have you ever been the subject of disciplinary action with respect to your license, credential or certification? Yes No

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|---|-----|----|
| D. Is there any disciplinary action pending with respect to your license, credential or certification? | Yes | No |
| E. Have you ever been placed on the NYS Justice Center's Staff Exclusion List as the result of a complaint of abuse or neglect of an individual with Special Needs? | Yes | No |
| F. Have you ever been placed on the NYS Central Register for Child Abuse and Maltreatment? | Yes | No |
| G. Have you ever been excluded or banned from the Medicaid program in New York or any other state? | Yes | No |

If the answer to any Question (Section 3, Questions C-G) is yes, please describe in detail (Attach additional pages if needed)

4. SKILLS

What kinds of computer software are you familiar with?

What other skills do you possess that you would like us to consider as part of your application?

5. WORK EXPERIENCE (Please provide your employment history for the past 5 years. Begin with most recent, attach additional pages if needed)

Dates Employed	From	To
Company		
Street Address		Telephone
City/State/Zip		Rate of Pay
Your Title		Immediate Supervisor
Job Description		
Reason for Leaving		

Dates Employed	From	To
Company		
Street Address		Telephone
City/State/Zip		Rate of Pay
Your Title		Immediate Supervisor
Job Description		
Reason for Leaving		

6. OTHER INFORMATION

Have you ever been convicted of a crime? Yes No

If yes, please describe in detail, including dates of conviction(s)

Do you have any charges pending? Yes No

If yes, please describe in detail

Do you have a NYS Driver's License? Yes No

CARS has a policy that employment of close relatives of existing employees is generally not permitted. Close relatives are defined as blood relatives of direct lineage and relatives by marriage.

Do you have any "close relatives"(as defined above) who are current employees of CARS? Yes No

If yes, please provide the name of the current CARS employee and his/her relationship to you

Name

Relationship

Is there any other information you would like us to know when considering your application?

7. REFERENCES

Please provide 3 job references of individuals who have supervised your job performance

Name	Employer
Street Address	Occupation
City,State,Zip	Telephone

Name	Employer
Street Address	Occupation
City,State,Zip	Telephone

Name	Employer
Street Address	Occupation
City,State,Zip	Telephone

8. DRIVING RECORD (To be completed by applicants for employment at the CARS Residential Facility Only)

For insurance reasons, applicants for employment at the CARS Residential Facility are required to disclose information related to their motor vehicle driving record. This information will be used to determine if applicants for employment are eligible to transport CARS clients and/or operate CARS vehicles during the course of their employment. CARS may also require applicants to obtain a copy of their "Abstract of Driver Record" from the Dept. of Motor Vehicles to verify the information provided on this application for employment.

Below, please list any and all suspensions, revocations, restrictions, accidents and moving violations you have experienced in the past 10 years. List all traffic accidents even if you were not at fault and there were no tickets issued.

<u>DATE</u>	<u>EVENT</u>
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9. CERTIFICATION AND CONSENT

I certify that I have and will provide information throughout the hiring process, including on this application for employment, and in interviews with Cayuga Addiction Recovery Services, that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information relevant to my application for employment. I understand that any misrepresentations or omissions may be cause for my immediate rejection as an applicant for a position with Cayuga Addiction Recovery Services or my termination from employment if I am hired.

I hereby consent to permit Cayuga Addictions Recovery Services and its authorized agents and subcontractors, to contact anyone it deems appropriate to investigate or verify any information provided by me, and to discuss my employment, education or related.

Signature of Applicant

Date