

Education (Please indicate all education related to the position you are applying for):

High School: _____ Address: _____

Course of Study: _____

Did you Graduate? Yes [] No [] Degree or Diploma: _____

College: _____ Address: _____

Course of Study: _____

Did you Graduate? Yes [] No [] Degree or Diploma: _____

College: _____ Address: _____

Course of Study: _____

Did you Graduate? Yes [] No [] Degree or Diploma: _____

Special Training, Skills any Relevant Professional Licenses or Certifications:

Training Program	Yes	No	Completion/Certification Date
Adult CPR (Cardiopulmonary Resuscitation)			
AMAP (Approved Medication Administration Personnel)			
SCIP-R (Strategies for Crisis Intervention & Prevention – Revised)			
Defensive Driving			
Other:			

Personal / Professional References (Do not include family members or past supervisors):

Name: _____ Telephone: _____

Relation: _____ Occupation: _____

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Employment History (Please list employers beginning with the most recent):

Company Name: _____ Telephone: _____

Address: _____

Position Held _____ Dates of Employment: From ___/___/___ Until ___/___/___

Type of Work Performed: _____

Manager's Name: _____, Manager's Title: _____

Reason for leaving: _____

Salary: _____ (Annual or per hour) May we contact employer: Yes [] No [] Not until I terminate []

Company Name: _____ Telephone: _____

Address: _____

Position Held _____ Dates of Employment: From ___/___/___ Until ___/___/___

Type of Work Performed: _____

Manager's Name: _____, Manager's Title: _____

Reason for leaving: _____

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Manager's Name: _____, Manager's Title: _____

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Do you have any prior or current experience as an employee, volunteer or certified provider with OPWDD or any other State agency? Do you have any prior or current experience in direct care work relevant to the position for which you are applying? [Child care experience should be specifically identified.] Yes [] No [], If Yes, please list

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Have you ever been debarred or ineligible from participating in a Federal or State health program or convicted of a misdemeanor or felony in any jurisdiction?(A criminal conviction will not necessarily bar employment)

Yes , when? _____ No

To help us evaluate, please describe the nature of the crime and your subsequent rehabilitation.

Have you ever been reported to have engaged in physical abuse that has resulted in a criminal conviction that has not been expunged or sealed by a Court?

Yes , when? _____ No

If so, please describe the nature of the crime or subsequent rehabilitation and any other factors which we should consider in evaluating whether your employment by the Foundation would present a safety or security risk.

Are there any pending criminal charges against you in any jurisdiction? Yes No

If so, please provide a brief explanation: _____

Notice to Applicant
Please Read this Notice and Consent Form Carefully Before Signing

I certify that all statements and answers in this application are true, complete and made without any reservations or evasions. I understand that any false, misrepresentation, or omission of requested information in this application may be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with The Epilepsy Foundation of Long Island is of an, "At Will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this, "At Will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Chief Executive Officer of the Foundation.

The Epilepsy Foundation of Long Island does not unlawfully discriminate in employment. No information gathered from this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law. We are an equal opportunity employer. All applicants and employees are considered for employment, development advancement, and earnings based up their skills and performance and potential without regard to age, sex, sexual orientation, domestic partnership, race, color, creed, religion, ethnicity, national origin, alienage or citizenship status, disability, marital status, veteran status, military status, genetic information or any other legal recognized protected basis under federal, state, or local laws, regulations or ordinances.

I represent and warrant that I have and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant: _____ **Date:** ____/____/____

Please note that this application for employment shall be considered active for a period of time not to exceed 90 days.