

6. EXPERIENCE

Please describe any experiences you have had working with individuals with social, emotional, behavioral physical and/or developmental disabilities.

7. LICENSES

Note: Some positions require a valid Driver's License, Motor Vehicle driving abstract and proof of current auto insurance coverage. You must be able to provide documentation for the following questions.

Do you have a valid driver's license? YES NO
If yes, Issuing State: _____
Number: _____
Expiration Date: _____

Do you have reliable transportation? YES NO
Do you have current auto insurance? YES NO
Does your auto insurance allow you to use your vehicle drive for business? YES NO

8. CERTIFICATIONS

Note: Some positions require current certification in **CPR** for adults/children and **Standard First Aid**.

Do you have current CPR Adult/Child Certification? YES NO
If yes, Expiration date _____

Do you have current Standard First Aid Certification? YES NO
If yes, Expiration date _____

The following trainings are currently offered through The American Red Cross Tompkins County Chapter:
CPR- Adult, Child, & Infant: Recognize and care for breathing, cardiac, and choking emergencies in adults, children and infants.

Standard First Aid: Minimize the effects of shock. Treat sudden illnesses including poisoning, heat and cold emergencies. Perform first aid for cuts, scrapes, bruises, burns, bleeding, and injuries to bones, joints, and muscles, such as sprains and strains.

You may call The Red Cross Health & Safety Services to register or for more information at (607) 273-1900, Extension 14.

9. BACKGROUND INVESTIGATION:

All paid employees and/or volunteers who provide direct service, will be required to undergo criminal history background investigation, including the sex offender registry in New York and fingerprint check.

Check appropriate answer for each question. All questions must be answered.

- A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? YES NO
- B. Did you ever resign from any employment rather than face dismissal? YES NO
- C. Have you ever been convicted of any crime (felony or misdemeanor)? YES NO
- D. Are you now facing/under charges for any crime? YES NO

E. Have you ever been indicated on a Child Protective Services report of child abuse or neglect? YES NO

If you answered "YES" to any of the questions above, please give specific details:

ALL STATEMENTS ARE SUBJECT TO VERIFICATION.

10. REFERENCES

2 **PERSONAL** REFERENCES (at least 1 must be a relative)

Name

Relationship to applicant

Phone Number

Years Acquainted

Name

Relationship to applicant

Phone Number

Years Acquainted

2 **PROFESSIONAL** REFERENCES

Name

Firm/Organization

Phone Number

Dates of employment

Name

Firm/Organization

Phone Number

Dates of employment

11. THIS AFFIRMATION MUST BE COMPLETED

I affirm that the statements made on this application (including any attached papers) are true under the penalties of perjury.

SIGNATURE OF APPLICANT

DATE