

## APPLICATION FOR EMPLOYMENT WITH LIFEPLAN

LIFEPlan is an Equal Opportunity/Affirmative Action Employer. All prospective employees will receive consideration on the basis of qualifications and without regard to race, color, religion, creed, sex, sexual orientation, gender identity and expression, national origin, citizenship, age, disability, marital status, military or veteran status, arrest or conviction record, domestic violence victim status, predisposing genetic characteristics, familial status, the employee's or the employee's dependent's reproductive health decision-making, and any other status protected by federal, state, or local laws. Applicants with qualified disabilities may be entitled to reasonable accommodation under the terms of the Americans with Disabilities Act and certain state or local laws. If you need assistance completing any forms or to otherwise participate in the application process, please notify a representative of the Human Resources Department.

Yes No

☐ ☐

Were you referred to LIFEPlan by a current employee?

If yes, who: \_\_\_\_\_

How did you learn about this position (*check all that apply*)?

- ☐ LIFEPlan Website ☐ Internet Posting ☐ Print Advertisement  
☐ Job Fair/Open House ☐ Social Media ☐ Other \_\_\_\_\_

List any relatives employed by LIFEPlan:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

## **SECTION II: POSITION INFORMATION**

Desired Salary: \_\_\_\_\_

\*Please note that this is not an inquiry regarding any current and/or previous rate of pay.

Desired Schedule (*check all that apply*):

- ☐ Full Time ☐ Part Time ☐ Per Diem ☐ Days ☐ Evenings ☐ Nights

If the position requires, are you available to work overtime? Yes ☐ No

(LIFEPlan has a policy of accommodating individuals based on disability, religious beliefs and practices, and the status of being a victim of domestic violence.)

## **SECTION III: EDUCATIONAL INFORMATION**

Name of High School: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

☐ Diploma ☐ GED

Name of College/University: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Degree Earned: \_\_\_\_\_

Major: \_\_\_\_\_

Name of College/University: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Degree Earned: \_\_\_\_\_

Major: \_\_\_\_\_

Name of College/University: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Degree Earned: \_\_\_\_\_

Major: \_\_\_\_\_

\*Please attach copies of your college diploma and college transcript to this application. If a conditional offer of employment is made, LIFEPlan will require an official transcript be sent directly to LIFEPlan from the College/University that awarded you the degree.

#### **SECTION IV: SPECIAL SKILLS OR TRAINING**

List any skills you feel are applicable for the position(s) you are applying for, including any additional licenses or certificates that may be job-related:

Computer Skills (Software or Hardware):

Office Technology Skills (e.g. printer, scanner, fax, etc.):

Other Special Skills/Certification or License:

\*Please attach copies of all Certifications and Licenses.

## **SECTION V: EMPLOYMENT HISTORY**

If any employment was through a temporary staffing service, please provide the information for the temporary staffing agency instead of the company name of your temporary assignment.

1. Current/ Previous Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Dates Employed: Start (mo/yr): \_\_\_\_\_ End (mo/yr): \_\_\_\_\_  
Your Position: \_\_\_\_\_  
Position Description: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_
2. Current/ Previous Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Dates Employed: Start (mo/yr): \_\_\_\_\_ End (mo/yr): \_\_\_\_\_  
Your Position: \_\_\_\_\_  
Position Description: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_
3. Current/ Previous Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Dates Employed: Start (mo/yr): \_\_\_\_\_ End (mo/yr): \_\_\_\_\_  
Your Position: \_\_\_\_\_  
Position Description: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_
4. Current/ Previous Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Dates Employed: Start (mo/yr): \_\_\_\_\_ End (mo/yr): \_\_\_\_\_  
Your Position: \_\_\_\_\_  
Position Description: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

*If you need additional space for your work history, please use a separate sheet of paper and provide the same information requested above. Please do not indicate any past or present salary/hourly rate information.*

## **SECTION VI: BACKGROUND**

LIFEPLAN will comply with all government requirements regarding employment.

Have you ever been debarred, excluded or suspended from participation in, or otherwise sanctioned under the Medicaid, Medicare, or other federal, state or third-party payment programs?

Yes ☐ No ☐

If Yes, please explain:

Have you had a finding made against you of patient, student or consumer abuse and/or neglect in a nursing home, long term care facility, state education program or OPWDD certified program?

☐ ☐

If Yes, please explain:

## **SECTION VII: DRIVING RECORD**

Please complete this section only if you are applying for a position(s) in which driving is required.

Do you have a valid driver's license?

Yes ☐ No ☐

If yes, provide state in which the license was issued as well as the DMV number: \_\_\_\_\_

Within the last 3 years have you had any incident(s) that are part of your driving record?

☐ ☐

If Yes, how many incidents? \_\_\_\_\_

Within the last 3 years, has your license been suspended, and/or has your insurance lapsed?

☐ ☐

If Yes, provide dates: \_\_\_\_\_

Has your license ever been revoked?

☐ ☐

If Yes, provide dates: \_\_\_\_\_

Have you been in an accident, in which you were the driver, involving personal injury?

☐ ☐

If Yes, provide dates: \_\_\_\_\_

Have you been convicted of any driving related violation (e.g., moving violations, DWI/DUI)?

☐ ☐

If Yes, what was/were the incident(s):

Have you ever completed a driver's education course, a defensive driving course or any other driving instruction program? Yes ☐ No ☐

If Yes, provide date(s) as well as course/program title:

As part of the employment process you will also be asked to complete a Criminal Conviction Inquiry Questionnaire if a conditional offer of employment is made.

## **SECTION VIII: REFERENCES**

Please provide information for four professional references, which may include current or former supervisors, managers, or above who are familiar with your work. Co-workers and/or friends are not acceptable references.

\* References will not be called without your permission.

### **Reference #1:**

Name: \_\_\_\_\_  
Relation: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

### **Reference #2:**

Name: \_\_\_\_\_  
Relation: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

### **Reference #3:**

Name: \_\_\_\_\_  
Relation: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

### **Reference #4:**

Name: \_\_\_\_\_  
Relation: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

## **SECTION IX: CARE MANAGER & CARE MANAGER SUPERVISOR EXPERIENCE**

Only applicants applying for Care Manager and/or Care Manager Supervisor position(s) are required to complete this section. All other candidates may skip and complete the remainder of the Application for Employment.

Are you applying to be a Care Manager? ☐ Yes ☐ No

Are you applying to be a Care Manager Supervisor? ☐ Yes ☐ No

OPWDD mandates that applicants for a Care Manager and/or Care Manager Supervisor position(s) are considered qualified only if they possess a minimum of two (2) years of relevant experience. Relevant experience includes but is not limited to:

1. Direct care, Home care or Habilitation;
2. Daycare or child care;
3. Experience as a teacher, teacher assistant, or teacher aid;
4. Case/Care management;
5. Experience working in an alternative school setting (e.g. BOCES, Questar);
6. Experience as a counselor; or
7. Experience in the clinical/medical field (e.g., Physical Therapy (PT), Occupational Therapy (OT) Speech and Language Pathology (SLP), Master of Social Work (MSW), Licensed Clinical Social Worker (LCSW), Nursing including Certified Nursing Assistant (CNA), Licensed Practical Nurse (LPN), and licensed technicians such as x-ray or ultrasound).

The following examples of working with and/or providing support to individuals with intellectual and developmental disabilities (I/DD) are included as relevant experience:

1. Parents or family members of a person diagnosed with I/DD; or
2. Internships (including those required for education).

Do you have two (2) years of relevant experience? ☐ Yes ☐ No

### **Certification, Authorization, and Release of Information**

1. I certify that all information and responses I have provided in this application are true and complete to the best of my knowledge. I understand that a material omission or a false or misleading answer to any question in the application process is grounds for denial of my employment or immediate dismissal.
2. I authorize LIFEPlan to investigate all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that my application for employment will not be processed unless I complete the Written Disclosure to Applicant and Consent to Request Consumer Report Information form. Further, I agree to release from liability such former employer(s) or other persons contacted by and providing information to LIFEPlan during the course of LIFEPlan's background check process.
3. I understand that LIFEPlan may be required to request a check of my criminal history record information and review the results of such check. I further acknowledge that I may be required to provide information, statements, and fingerprints as may be necessary for a criminal history record check. Where applicable, I understand that I have the right to obtain, review, and seek correction of my criminal history record pursuant to regulations and procedures established by the New York State Justice Center. I hereby authorize LIFEPlan to submit a request to the Attorney General of the United States to conduct a search of the records of the Criminal Justice Information Services Division of the Federal Bureau of Investigation for any criminal history records corresponding to the fingerprints or other identification information submitted by me. I further authorize the exchange of such information between the Attorney General of the United States, the New York State Department of Health and LIFEPlan. This information may be used only by LIFEPlan, and only for the purpose of determining my suitability for employment in a position involved in direct patient care/supervision.
4. If I am applying for a position in which I will have the potential for regular and substantial contact with vulnerable persons, I understand that my name will be submitted to the New York State Central Register of Child Abuse and Maltreatment to determine if I am the subject of an indicated report of child abuse or maltreatment.
5. I hereby certify that I have reviewed the job description for the position(s) I am seeking and certify that I am currently able to perform the essential functions of the position(s) sought, with or without reasonable accommodation.
6. I understand that any misrepresentation about my qualifications for the position(s) sought will result in denial of employment or termination.
7. Pursuant to the Driver's Privacy Protection Act, 18 U.S.C. § 2721(b)(13), I hereby authorize LIFEPlan and/or its representative or agent, to obtain my Drivers' License Record from the appropriate state motor vehicle department. I also



understand and acknowledge that LIFEPlan is part of the New York State DMV LENS Program and will receive information from the LENS Program regarding my driver license events as they post to my driving record. I understand that this does not alleviate my responsibility to personally notify the agency of such driving incidents in accordance with LIFEPlan policy.

8. I understand that any offer of employment will be conditioned upon certain things which will be set forth in a conditional offer of employment.
9. I acknowledge and understand that, if I am currently employed by LIFEPlan and offered employment for a different position conditioned upon a satisfactory background check, LIFEPlan has no obligation to hold my current position open pending the results of the background check, and I have no right to return to that position or any other position at LIFEPlan in the event I do not satisfactorily meet the foregoing background check requirements.
10. I understand that this application is not a contract of employment, and if I am hired, I will be an at-will employee.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_