



Challenges • Choices • Change

17 East Genesee Street
 Auburn, NY 13021
 (315) 253-9795 telephone
 (315) 253-3255 fax

APPLICATION FOR EMPLOYMENT

Cayuga Counseling Services, Inc. is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

Position(s) applied for _____ Date of application _____

Name: _____
Last First Middle

Address _____
Street City State Zip

Telephone #: () _____ Mobile/Other: _____ E-mail address: _____

Referral Source (how did you hear about us?) _____

If you are under 18 and it is required, can you furnish a work permit?.....Yes No
 If no, please explain: _____

Have you ever been employed here before? If yes, give dates and positions: _____ Yes No

Are you legally eligible for employment in this country?Yes No

Type of employment desired: Full-time Part-time Internship Seasonal Volunteer

Date available for work.....___/___/___ Salary desired.....\$ _____

Education and Training				
Level	School Name, City & State	Years Completed	Major	Degree Completed
High School/GED		N/A	N/A	<input type="checkbox"/> HS Diploma
				<input type="checkbox"/> GED
College/University				<input type="checkbox"/> AAS
				<input type="checkbox"/> BA/BS
Graduate School				<input type="checkbox"/> MA/MS
				<input type="checkbox"/> MSW
				<input type="checkbox"/> PhD.
Other Training/Degrees				
Did you graduate from the highest level of education listed above? <input type="checkbox"/> Yes* <input type="checkbox"/> No				
* We will request verification from the school.				

Certification & License			
Type	State Licensure Received	Effective Date	Expiration Date

Licensed Practitioners ONLY (Psychologists/Psychiatrist/Nurses/Social Workers, etc.)

Candidates for employment (full-time, part-time, relief or contract), licensed independent practitioners or volunteers who are required to have valid certifications or licensure.

1. ___Yes ___No Has your employment, medical staff appointment, panel participation, affiliation or clinical responsibilities ever been voluntarily suspended, diminished, revoked, refused or limited in any hospital, health care facility or managed care organization, IPA or PPO including to avoid disciplinary action for reasons related to professional competence or conduct?
2. ___Yes ___No Do you have any pending misconduct proceedings against you in this state or any other state?

Professional References

Please list three (3) individuals that are business/work references who are *not* related to you and can provide testimony pertaining to ethical character and professional competence.

Name	Address/Telephone Number	Professional Relationship

Each Applicant **MUST** complete this section and initial: _____

- Have you ever been convicted of a crime or are have pending conviction, other than a minor traffic offense, in this state or any other jurisdiction? Yes** No
 **If yes, please fully describe the convictions(s), listing the location(s), date(s), nature of offense(s). Record of conviction or indication will not necessarily be a bar to employment. Attach a disposition of your case.
- Are you currently excluded from participating in the Medicaid, Medicare, The State Children’s Health Insurance Program or any Federal health care programs? Yes No
- Have you ever been indicated for child abuse or neglect? Yes No
- Driving is an essential function required for many positions. Do you have a valid NYS Driver’s License and a clean driving record? Yes No
- A background check will be completed for each successful candidate including, but not limited to, criminal background (fingerprinting), NYS Child Abuse Central Registry and Department of Motor Vehicles.
- I understand that working hours and assignments may be changed at any time, as necessitated by staffing and workload requirement.
- Any individual who is hired may voluntarily leave employment upon proper notice and may be terminated by the employer at any time.

Employment History

List all Employment History beginning with your most recent employer.

1. Employer:		2. Employer:	
Address:		Address:	
City, State, Zip		City, St., Zip	
Phone:		Phone:	
Immediate Supervisor		Immediate Supervisor	
Position held:		Position held:	
Dates:	Start ____/____ End ____/____	Dates:	Start ____/____ End ____/____
Hrs Worked Per Week		Hrs Worked Per Week	
Duties:		Duties:	
Reason for leaving:		Reason for leaving:	

3. Employer:		4. Employer:	
Address:		Address:	
City, State, Zip		City, St., Zip	
Phone:		Phone:	
Immediate Supervisor		Immediate Supervisor	
Position held:		Position held:	
Dates:	Start ____/____ End ____/____	Dates:	Start ____/____ End ____/____
Hrs Worked Per Week		Hrs Worked Per Week	
Duties:		Duties:	
Reason for leaving:		Reason for leaving:	

May we contact the employers listed above? Yes No

If no, which Employer should not be contacted and why? _____

Additional Information

Please list the skills and experience you possess which qualify you for the position(s) for which you applied:

Affirmation & Release

I certify that the facts set forth in this application for employment are true and complete. I understand that no contract for employment is created by this application. I understand that false statements or omissions on this application give Cayuga Counseling Services the right to immediate denial or termination of employment. I also understand that employment is contingent upon completing a pre-employment background check and providing the documents needed to prove my identity and eligibility to work in the United States. I authorize verification of all statements made on this application and release from liability any person or organization providing information to Cayuga Counseling Services. I understand that employment in New York State is “at will” which ensures your right to terminate your employment relationship for any reason, with or without cause or notice, at any time. Cayuga Counseling Services, Inc. reserves the right to do the same.

Please Print Name: _____

Signature of Applicant (required): _____ Date: _____