LifeSong Inc.

Love. Enhance.
Equip. Inspire.

Application for Employment (Part 1)

1536 Crescent Rd, Clifton Park, NY 12065
Phone: 518-406-5157
Fax: 518-406-5158
www.lifesonginc.org

LifeSong Inc.

Dear LifeSong Inc. Applicant,

Thank you very much for your interest in employment at LifeSong Inc. In order to be considered for employment with us you must complete the following application with attachments. Upon insuring that the information you provided us is accurate and thorough, sign and return the completed application with attachments to us at the address above.

Please allow us two (2) weeks to review your application. If you do not receive e-mail notification from us by that time, feel free to call us to check on the status. Your application for employment will be kept on file with us for the period of one year.

If you are considered for employment, you will be contacted to schedule an interview(s) with supervisory staff.

Please be aware that if you are offered employment with us, a copy of the following documentation is ***required*** before your first day:

- *New York State Driver's License*
- *Social Security Card*

As well, if you have previously worked in the Human Services field, you will be asked upon employment to provide copies of the following documentation:

- *Training Records*
- *PPD Documentation or copy of chest x-ray*
- *Medication Certification / OPWDD*

Again thank you for your interest in applying for employment and we look forward to receiving your application.

Cordially,
Personnel, LifeSong Inc.

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PRE-EMPLOYMENT INQUIRY RELEASE

In conjunction with my application for employment with LifeSong Inc., I understand that background checks are required with regards to any driving and criminal records. Criminal record history will be obtained through available public record. A driver abstract will be accessed through the Department of Motor Vehicles.

I authorize, without reservation, any party or agency that is contacted by LifeSong Inc. to furnish the above mentioned requested information without reservation.

_____

Print Full Name

*Social Security Number:*_____

*Current Address:*_____

_____

_____

*Phone #:*_____ *E-Mail:* _____

*Driver's License Number:*_____ *State:* _____ *Exp.:*_____

_____

Signature

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Our Mission…

To love, enhance, equip, and inspire lives & families.
Every Life is important, every life tells a story, every story sings a song.
Simply stated, our motto is *"Let my life song sing for you."*

Our Vision…

… is to esteem and empower people with intellectual and developmental disabilities through Community-Based Day Habilitation and Supported Employment Services.

LifeSong Inc. is established to serve individuals with developmental disabilities, training and assisting them to live and work as independently as possible. We provide Day Services through our community based "without walls" Day Program and Supported Employment Program. We serve individuals in Albany, Rensselaer, Saratoga and Schenectady counties.

APPLICATION FOR EMPLOYMENT

POSITION: **Life Skills Coach** **Today's Date:**_____

Name:_____ SS#:_____

Address:_____ Home Phone:_____
_____ Work Phone:_____
_____ Cell Phone:_____

E-mail:_____ Are you at least 18 yrs. old? ☐ Yes ☐ No

Availability: ☐ Full-time ☐ Part-Time ☐ Per diem ☐ Weekends **Requested Start Date:** _____
Are you available to work an occasional evening or weekend? ☐ Yes ☐ No
Due to the nature of our Day Program, you may be asked to work an occasional evening or weekend for supplemental outings.

How did you hear about us? (check one) ☐ Newspaper ☐ Internet ☐ Referred by: _____
Do you have friends or relatives that work here? ☐ No ☐ Yes
If yes, please list. _____
Have you ever been previously employed by LifeSong? *If so, when?:*_____

PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY AND SIGN WHERE INDICATED BEFORE SUBITTING YOUR APPLICATION.

AUTHORIZATION TO WORK

Proof of citizenship or immigration status will be required prior to employment, are you in any way lawfully prevented from becoming employed in the United States? ☐ Yes ☐ No

DRIVER SAFETY

Do you have a current valid New York State Driver's License? ☐ Yes ☐ No

*If **no**,* please explain: _____

_____

How many points do you have on your license? _____

How many moving violations were you convicted of in the past three years? _____

Which of the following apply to your driving record.

_____*Accidents involving property loss* _____*Accidents involving bodily injury*

_____*DWI (driving while intoxicated)* _____*Revocation of license*

_____*Suspension of license*

HISTORY OF CONVICTIONS

Please Note*: Conviction of a crime is not an automatic bar to employment. However, the information requested above is necessary to determine your suitability for employment. Your application will not be considered unless you provide all requested information. Previous arrests or accusations that are not still pending and which did not result in convictions or guilty pleas, youthful offender adjudications or sealed conviction records are not required.*

Have you ever been convicted of a felony, misdemeanor, or other crime beyond a minor traffic violation? ☐ Yes ☐ No

*If **yes***, complete the following information for each conviction.

What were you convicted of? _____ When? _____

What state and county were you convicted in? _____

Describe the events that led to your conviction. _____

_____

_____

Identify the imposed sentence with dates (i.e. fines, probation, imprisonment). _____

_____

What were you convicted of? _____ When? _____

What state and county were you convicted in? _____

Describe the events that led to your conviction. _____

_____

_____

Identify the imposed sentence with dates (i.e. fines, probation, imprisonment). _____

_____

EDUCATION

When and where did you complete your High School Education?

Name of School: _____

School Address: _____

Grade Completed: ☐ 9 ☐ 10 ☐ 11 ☐ 12 Please Check: ☐ *HS Diploma* ☐ *GED*

Do you have Secondary Education (College or Trade School)?

Name of School: _____

School Address: _____

# of years attended: _____ # of credits earned: _____

Subject Studied: _____ Date Graduated: _____

Degree(s) Earned: _____

_____

Do you have Masters Education?

Name of School: _____

School Address: _____

# of years attended: _____ # of credits earned: _____

Subject Studied: _____ Date Graduated: _____

Degree(s) Earned: _____

_____

CERTIFICATIONS

Med Certification	Date: ____/____/____	Agency: _____
SCIP Certification	Date: ____/____/____	Agency: _____
CPR Certification	Date: ____/____/____	Agency: _____
First Aid Certification	Date: ____/____/____	Agency: _____
Developmental Disability	Date: ____/____/____	Agency: _____
Other – Please List:		
_____	Date: ____/____/____	Agency: _____
_____	Date: ____/____/____	Agency: _____
_____	Date: ____/____/____	Agency: _____

VOLUNTEERING, INTERESTS, HOBBIES, SPECIAL SKILLS

Please specify any volunteering, interests, hobbies or special skills that you do which may aid in your employment with LifeSong. _____

_____

_____

Why do you desire to be employed by LifeSong Inc.? _____

_____

_____

WORK EXPERIENCE *(If you are not currently employed write "None" for "Current Employer.")*

Current Employer: _____ Job Title: _____

Address: _____ Phone Number: _____

_____

Supervisor: _____

Dates of Employment: _____ # of hours worked per week: _____

Please Check: ☐ Part Time ☐ Full Time ☐ Summer Position Per Diem

Job description and responsibilities: _____

_____

_____

Reason for Leaving: _____

_____

Previous Employer: _____ Job Title: _____

Address: _____ Phone Number: _____

_____

Supervisor: _____

Dates of Employment: _____ # of hours worked per week: _____

Please Check: ☐ Part Time ☐ Full Time ☐ Summer Position Per Diem

Job description and responsibilities: _____

_____

_____

Reason for Leaving: _____

_____

Previous Employer: _____ Job Title: _____

Address: _____ Phone Number: _____

_____

Supervisor: _____

Dates of Employment: _____ # of hours worked per week: _____

Please Check: ☐ Part Time ☐ Full Time ☐ Summer Position Per Diem

Job description and responsibilities: _____

_____

_____

Reason for Leaving: _____

_____

Previous Employer: _____ Job Title: _____

Address: _____ Phone Number: _____

_____

Supervisor: _____

Dates of Employment: _____ # of hours worked per week: _____

Please Check: ☐ Part Time ☐ Full Time ☐ Summer Position Per Diem

Job description and responsibilities: _____

_____

_____

Reason for Leaving: _____

_____

Previous Employer: _____ Job Title: _____

Address: _____ Phone Number: _____

_____

Supervisor: _____

Dates of Employment: _____ # of hours worked per week: _____

Please Check: ☐ Part Time ☐ Full Time ☐ Summer Position Per Diem

Job description and responsibilities: _____

_____

_____

Reason for Leaving: _____

_____

Give a brief explanation of any periods between jobs._____

_____

_____

May we contact your current employer? ☐ Yes ☐ No

Have you ever been terminated? ☐ Yes ☐ No

If yes, name of employer(s): _____ Dates of employment: _____

Give a brief explanation regarding your termination. _____

_____

_____

Are you laid-off and subject to recall? _____Yes _____No

Are you currently interviewing for other opportunities? _____Yes _____No

Have you ever worked with individuals with disabilities? _____Yes _____No

If yes, explain. _____

_____

_____

PERSONAL REFERENCE

Please list the name, address & telephone numbers of three (3) personal references. These individuals cannot be related to you and will need to attest to your character, reputation and personal qualifications.

1. Name: _____ Years known: _____
   Address: _____ Home Phone: _____
   _____ Cell Phone: _____

2. Name: _____ Years known: _____
   Address: _____ Home Phone: _____
   _____ Cell Phone: _____

3. Name: _____ Years known: _____
   Address: _____ Home Phone: _____
   _____ Cell Phone: _____

**** Complete the top portion of the "PERSONAL REFERENCE CHECK" form (Attachment "A") ****

PROFESSIONAL REFERENCES

Please list the name, address & telephone numbers of at least three (3) professional references. These individuals should be current or past supervisors, managers, or co-workers who will attest to your work ethic, reputation and professional qualifications.

1. Name: _____ Title: _____
   Company: _____
   Address: _____ Phone: _____
   _____ e-mail: _____

2. Name: _____ Title: _____
   Company: _____
   Address: _____ Phone: _____
   _____ e-mail: _____

3. Name: _____ Title: _____
   Company: _____
   Address: _____ Phone: _____
   _____ e-mail: _____

**** Complete the top portion of the "FORMER EMPLOYER REFERENCE CHECK" (Attachment "B") ****

APPLICANT'S STATEMENT OF UNDERSTANDING

I, _____ , am submitting my completed application to LifeSong Inc. for consideration for possible future employment.

I authorize the investigation of any & all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that this employment application will be kept on file for a period of one year. If I wish to be considered for employment with LifeSong Inc. after the period of one year, I need to ask whether or not applications are being accepted at that time and if so re-apply.

I understand that LifeSong Inc. considers applications for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, handicap or any other legally protected status.

I understand that that neither this document nor any other offer of employment from LifeSong Inc. constitutes an employment contract. An offer of employment would be presented to me by a separate specific document that is executed by both LifeSong and myself in writing. Should an offer be presented by contract and agreed upon, I understand that I am required to abide by all rules and regulations of the employer.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I certify that the answers given herein are true and complete to the best of my knowledge.

_____ _____

Signature of Applicant ***Date***

LifeSong Inc.

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ATTACHMENT "A"

Personal Reference Check

NOTE: "Applicant's" complete the top portion & "References" complete the bottom portion.

_____

Applicant's Name (Please Print)

I hereby authorize each individual or company listed on my employment application as a reference to answer all questions that may be asked and to give all information concerning my job performance, character, habits, and skills that may be sought in connection with my employment application.

_____ _____ / / _____

Signature of Applicant ***Date***

To Whom It May Concern:

The individual noted above has applied to our agency for employment as _____ and furnished your name as a former employer.

LifeSong Inc. is a voluntary not-for-profit agency which provides day services to people with developmental disabilities. Our mission is to "love, enhance, equip and inspire lives and families". We are committed to providing a safe environment for our program participants, therefore, we desire to hire only the most qualified and reliable candidates. Upon the applicant's above noted authorization, we ask that you provide us with the following information. Please feel free to use the back of this form if necessary for additional comments.

How long have you known the applicant?_____	Relationship to applicant?	☐ Yes ☐ No
Do you consider the applicant to be reliable?		☐ Yes ☐ No
To your knowledge, was the applicant ever fired from a job?		☐ Yes ☐ No
In your opinion, is the applicant a team player?		☐ Yes ☐ No
Would you have reason why the applicant should not work with the disabled population?		☐ Yes ☐ No

On the back side of this form feel free to provide any additional information that you deem appropriate that will assist us in making an employment decision.

_____ _____

Name of person completing form (please print) ***Contact Info (phone/e-mail)***

_____ _____

Signature of person completing form ***Date***

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ATTACHMENT "B"

Former Employer Reference Check

NOTE: "Applicant's" complete the top portion & "References" complete the bottom portion.

_____

Applicant's Name (Please Print)

I hereby authorize each individual or company listed on my employment application as a reference to answer all questions that may be asked and to give all information concerning my job performance, character, habits, and skills that may be sought in connection with my employment application.

_____ _____/_____/_____

Signature of Applicant ***Date***

To Whom It May Concern:

The individual noted above has applied to our agency for employment as a Life Skills Coach, and furnished your name as a former employer.

LifeSong Inc. is a voluntary not-for-profit agency which provides day services to people with developmental disabilities. Our mission is to "love, enhance, equip and inspire lives and families". We are committed to providing a safe environment for our program participants, therefore, we desire to hire only the most qualified and reliable candidates. Upon applicant's above noted authorization, we ask that you provide us with the following information:

_____ _____

Job Title of Applicant ***Dates of Applicants Employment***

Was the applicant terminated? ☐ Yes ☐ No

If Yes, why? _____

Did the applicant require disciplinary action? ☐ Yes ☐ No

Did the applicant have attendance problems? ☐ Yes ☐ No

Did the applicant get along with his/her supervisor? ☐ Yes ☐ No

Was the applicant a team player? ☐ Yes ☐ No

Was the applicant's job performance satisfactory? ☐ Yes ☐ No

Would you rehire the applicant? ☐ Yes ☐ No

Would you have reason why applicant should not work with the disabled population? ☐ Yes ☐ No

_____ _____

Employer's Name (please print) ***Contact Info (phone/e-mail)***

_____ _____

Employer's Signature ***Date***