



# People Rebuilding And Living In Dignity

2 Townline Circle  
Rochester, New York 14623  
(585)442-6420 • (585)442-6964 fax  
www.pralid.org

Providing hope and independence  
for people with disabilities

## Application for Employment

### Personal Information (please print clearly)

\_\_\_\_\_ Date

_____		_____	
First Name	MI	Last Name	
_____		_____	_____
Address		City	State Zip
_____		_____	
Home Phone		Cell Phone	
_____		_____	
Social Security #		E-Mail Address	
_____		_____	

Are you over 18 years of age?       Yes     No

Have you previously worked for PRALID? If yes, when? \_\_\_\_\_

Have you applied previously? If yes, when? \_\_\_\_\_

Can you furnish proof of US citizenship or legal right to work in the US?     Yes     No

Do you have a valid NYS Drivers License ( A permit is NOT a license)?     Yes     No

Position Applying For: _____	Start Date _____
<u>Employment Desired:</u>	<u>Availability:</u>
<input type="checkbox"/> Full Time (30-40 hrs)	<input type="checkbox"/> Days
<input type="checkbox"/> Part Time (20-29.9 hrs)	<input type="checkbox"/> Evenings
<input type="checkbox"/> Relief (0- 19.9 hrs)	<input type="checkbox"/> Overnights
<input type="checkbox"/> On Call	<input type="checkbox"/> Weekends Only
How did you find out about PRALID? <input type="checkbox"/> Newspaper _____	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Online Source _____	<input type="checkbox"/> Employee Referral _____ Employee Name

\*\*Federal and State Laws prohibit discrimination because of gender, age, race, color, religious creed, marital status, national origin, ancestry, citizenship, liability for service in the Armed Forces of the United States or disability.

**Employment History** (Please list 3 most recent jobs, present employer first) Do NOT write, See Resume.

<b>Dates Employed</b>		Name of Employer:	Can we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>From Mo/Yr</i>	<i>To Mo/Yr</i>	Address:	
		Phone #:	
Salary		Supervisor:	
Start	Finish	Your Job Title:	
		Reason for leaving:	

Briefly describe your job duties .

<b>Dates Employed</b>		Name of Employer:	Can we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>From Mo/Yr</i>	<i>To Mo/Yr</i>	Address:	
		Phone # :	
Salary		Supervisor :	
Start	Finish	Your Job Title:	
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		Phone #:	
Salary		Supervisor:	
Start	Finish	Your Job Title:	
		Reason for leaving:	

Briefly describe your job duties.

Please explain any gaps in work history.

Please explain any special skills or experience relevant to the position.

**Education** (all employees are required to provide proof of highest level of education.)

	Name of School	Location	Major	Degree
High School				
College				
Other				
Other				

Are you presently working toward a higher degree?  Yes  No

Degree \_\_\_\_\_ Completion Date \_\_\_\_\_

**References** (Please list 3 persons *not* related to you, whom you have known at least 3 years.)

Name	Phone Number	Relationship	Years Known

**Background Information**

Have you ever been convicted of a misdemeanor or felony in any jurisdiction?  Yes  No  
Give Date and brief description of conviction. \_\_\_\_\_

Have you ever had a prior finding of patient or resident abuse?  Yes  No  
Give Date and brief description of finding. \_\_\_\_\_

Are there any pending criminal charges against you?  Yes  No  
Give date and brief description of charges. \_\_\_\_\_

**Drivers License Information** (All PRALID employees must have a NYS drivers license)

License Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ State \_\_\_\_\_

License Class \_\_\_\_\_ Restrictions \_\_\_\_\_

Have you been driving at least three years?  Yes  No

Have you ever been convicted of a motor vehicle moving violation, including, but not limited to, alcohol & drug related offenses?  Yes  No

If yes, please explain \_\_\_\_\_

(please include any suspensions, revocations or occurrence involving harm to human beings or property).

## Applicant's Statement

I understand that my employment may be terminated with or without cause or notice, at any time, at either my option or that of PRALID, Inc. I understand that no management representative has any authority to enter into any agreement for continuing employment for any specific period of time or which is contrary to the foregoing without written approval of PRALID, Inc.

I give PRALID, Inc. permission to contact all or any of my previous employers and references and authorize them to disclose any information PRALID, Inc. may request in the course of its investigation of the application for employment, and I hereby release PRALID, Inc. and such references and prior employers from any and all liability with respect to such disclosures.

After a tentative offer of employment has been made, if requested by PRALID, Inc. I agree to take a job-related medical examination at no personal expense and authorize the examining physician to disclose the findings to PRALID, Inc. I understand that any offer of employment is conditioned upon receipt of satisfactory references and satisfactory completion of such job-related medical examination.

I also understand that I may be requested now or at any subsequent time during my employment with PRALID, Inc to submit to drug and/or alcohol tests, at PRALID, Inc. expense. I understand that if I refuse to take the test, my employment may be terminated immediately.

I understand that all offers of employment will be contingent and employment will be provisional until the successful completion of a background check. The type of background check will vary, as required by the position. Certain positions may require approval by the Office of Mental Retardation & Developmental Disabilities (OMRDD) or the Department of Health (DOH). If such approval is not given, the conditional offer will be rescinded and/or employment will be terminated.

I understand that it is PRALID, Inc. policy to conduct a driver's license status check through the NYS DMV on all new hires for whom a valid NYS driver's license is a condition of employment. In addition it is PRALID, Inc. policy to receive continuous up-dated information from the NYS DMV for all employees who must have a valid driver's license as a condition of employment.

I have provided truthful and complete response to all inquiries in the application and authorize PRALID, Inc. to investigate all statements contained in the application. I understand that the discovery of any falsification or omission constitutes a ground for immediate dismissal. If employed, I will abide by PRALID, Inc. rules and regulations, which I understand are subject to change by PRALID, Inc.

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Date

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Applicant's Signature