**Family Choice of New York Employment Application**

Applicant’s Name (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

Number and Street City State Zip Code

Home Phone Cell Phone Are you under 18 yrs. of age ❑ Yes ❑ No

E-mail address (optional)

Position Applied For
Are you legally eligible for U.S. employment? ❑ Yes ❑ No

Availability: ❑ Days ❑ Evenings ❑ Nights ❑ Weekends Salary Expected: per

1. Have you ever been discharged or asked to resign from a job? ❑ Yes ❑ No
2. Do you possess a valid driver’s license? ❑ Yes ❑ No

**EDUCATION:** (circle highest grade completed) 8 9 10 11 12 13 14 15 16 Other

|  |  |  |  |
| --- | --- | --- | --- |
| School Name/City/State | Major/Classes Completed | Did You Graduate? | Diploma/Degree |
|   |   | * Yes
 | * No
 |   |
|   |   | * Yes
 | * No
 |   |
|   |   | * Yes
 | * No
 |   |
|   |   | * Yes
 | * No
 |   |

**SKILLS:**

|  |  |
| --- | --- |
| Computer software/applications you have used: | Proficient in software? ❑ Yes ❑ No Typing? wpm |
|   | 10 key by touch?  |
|   | Foreign languages spoken: |
|   | Special skills or training: |
|   |   |
|   |   |

**PREVIOUS EMPLOYMENT**

Begin with your most recent experience. If more space is needed, follow the same format and attach additional sheets.

Company Name Telephone

Address Dates of Employment to\_\_\_\_\_\_\_

Supervisor’s Name

Job Title/Duties

Reason for Leaving

Company Name Telephone

Address Dates of Employment to

Supervisor’s Name

Job Title/Duties

Reason for Leaving

Company Name Telephone

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Supervisor’s Name

Job Title/Duties

Reason for Leaving

Company Name Telephone

Address Dates of Employment to\_\_\_\_\_\_\_

Supervisor’s Name

Job Title/Duties

Reason for Leaving

Company Name Telephone

Address Dates of Employment to

Supervisor’s Name

Job Title/Duties

Reason for Leaving

1. Have you been or are you excluded from participation in **Medicare/Medicaid/New York State Medicaid or any other state or federally funded health care programs**? ❑ Yes ❑ No

 *Family Choice of New York will not hire or continue employment of those individuals who are currently excluded or*

 *debarred from any state or federally funded health care program participation pursuant to applicable law.*

1. Can you meet the attendance requirements of the job? ❑ Yes ❑ No
2. Have you ever been convicted of a misdemeanor or felony other than a minor traffic offense? ❑ Yes ❑ No (Note: Do not include a Youthful Offender Adjudication or a conviction for a Violation that is dismissed, expunged, sealed pursuant to the NY Criminal Procedure Law. A conviction will not necessarily disqualify you from employment.)

If yes, explain the conviction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. (Continue on separate paper if necessary.)

**NOTE –** In addition to a pre-employment background check, it is the policy of Family Choice of New York to check an employee’s Department of Motor Vehicle’s driving record upon hire and on an annual basis, and the results of this review may, but will not necessarily, render you ineligible for hire or continued employment (as applicable).

7. Have you ever had a license to provide health care revoked limited, modified, suspended? ❑ Yes ❑ No

8. Please list any friends or family members currently employed by Family Choice of New York:

PLEASE READ:

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements or omissions on this application will usually result in termination of employment. I understand that employment is contingent upon satisfactorily passing a pre-employment background check, providing satisfactory proof of lawful employment status as set forth in the Immigration Reform and Control Act and in certain instances passing a drug screen consistent with applicable law. I also understand that I am not eligible for employment with Family Choice of New York if I am at any time, subject to exclusion from participating in any federally funded health care program.

I understand that the Company has a policy prohibiting conflicts of interest or improper use of proprietary information which prohibits any release or use of Company property that would interfere with the business interests or operations of the Company. I understand that employment with the Company is at will and may be terminated at any time by either the Company or myself with or without cause.

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