



4 Commerce Lane  
Canton, New York 13617  
315-386-1156  
www.cpnorthcountry.org

**APPLICATION FOR EMPLOYMENT**

TO APPLICANT: Cerebral Palsy Association of the North Country is an equal opportunity employer and does not discriminate because of race, gender, age, religion, national origin, color, marital status, sexual orientation, disability or other protected characteristics.

**PERSONAL INFORMATION**  
(PLEASE PRINT PLAINLY)

Name \_\_\_\_\_  
Last First Middle Initial

Present Address \_\_\_\_\_  
No. Street City State Zip Code

Telephone No. Home (\_\_\_\_\_) Cell(\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Job applied for: \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per \_\_\_\_\_

Do you want to work Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Per-Diem \_\_\_\_\_

What hours are you available for work? \_\_\_\_\_

Have you worked for Cerebral Palsy Association of the North Country? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? \_\_\_\_\_ Department: \_\_\_\_\_

How were you referred to Cerebral Palsy? \_\_\_\_\_

Are you under 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are not a United States citizen, have you the legal right to be employed in the United States of America?  
\_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony in New York State or elsewhere?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_

Do you have any criminal charges pending at this time? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe in full \_\_\_\_\_  
\_\_\_\_\_

Do you have any relatives that work at Cerebral Palsy? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate Name \_\_\_\_\_ Department \_\_\_\_\_

WORK EXPERIENCE – You must list present or most recent employer first. Include periods for the past five (5) years whether employed or unemployed. (use additional forms if necessary) **DO NOT USE “REFER TO RESUME”.**

FROM		TO		Name, Address, Phone Number of Previous Employer	Salary Start	Salary Finish	Supervisor's Name and Title	Reason for Leaving
Month/Year		Month/Year						
				_____ _____ _____ _____				
Job Title				Describe in detail the work you did.				

FROM		TO		Name, Address, Phone Number of Previous Employer	Salary Start	Salary Finish	Supervisor's Name and Title	Reason for Leaving
Month/Year		Month/Year						
				_____ _____ _____ _____				
Job Title				Describe in detail the work you did.				

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Month/Year		Month/Year						
				_____ _____ _____ _____				
Job Title				Describe in detail the work you did.				

FROM		TO		Name, Address, Phone Number of Previous Employer	Salary Start	Salary Finish	Supervisor's Name and Title	Reason for Leaving
Month/Year		Month/Year						
				_____ _____ _____ _____				
Job Title				Describe in detail the work you did.				

PERSONAL REFERENCES (Excluding Former Employers or Relatives)

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER

EDUCATIONAL BACKGROUND

EDUCATION	NAME AND ADDRESS OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE	MAJOR OR DEGREE
ELEMENTARY SCHOOL	_____ _____ _____ _____			
HIGH SCHOOL	_____ _____ _____ _____		YES_____  NO_____	
COLLEGE	_____ _____ _____ _____		YES_____  NO_____	
GRADUATE				
BUSINESS/ TRADE				

Professional License/Certification Number \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_

Specialization \_\_\_\_\_

Have you ever held a Professional License in another state for the job you are applying for?                      YES                      NO

Have you ever had your professional license revoked in this state or any other state for the job you are applying for?    YES              NO

Please list all states in which you have had or do have a Professional License for which you are applying.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you type?    If yes, WPM \_\_\_\_\_                      Shorthand?                      If yes, WPM \_\_\_\_\_

Please list any other qualifications, experience, or training, which is relevant to the job you are applying for.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DISCLOSURE TO EMPLOYMENT APPLICATION

By signing the release below, I hereby authorize Cerebral Palsy Association of the North Country to contact any and all former employers, credit agencies, city, state, county and federal courts, military services to release information about my background including but not limited to, information about employment, education, consumer credit history, driving record, criminal record and general public records history to Cerebral Palsy Association of the North Country.

I release from all liability all persons, companies, schools supplying such information. I indemnify Cerebral Palsy Association of the North Country against any liability, which may result from making such requests. This release shall remain in effect for the length of my employment.

I affirm that all information contained in this application is true and complete. I understand that any falsification, misrepresentation or omission of information in connection with my application for employment, whether on this document or not, may result in refusal of employment, withdrawal of an offer of employment, or immediate dismissal from employment by the Director of Human Resources of Cerebral Palsy Association of the North Country.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print

Print other names used \_\_\_\_\_

Date application is signed \_\_\_\_\_

**HUMAN RESOURCE DEPARTMENT USE**

Interviewed by \_\_\_\_\_ Date of Interview \_\_\_\_\_

Interviewed by \_\_\_\_\_ Date of Interview \_\_\_\_\_

Result of Interview - Referral for Employment Yes \_\_\_\_\_ No \_\_\_\_\_

If referred for employment to what department \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PRELIMINARY QUESTIONS

Name: \_\_\_\_\_

Date: \_\_\_\_\_

1. Do you have experience working with people with disabilities?  
Explain:
  
2. Cerebral Palsy Association of the North Country is a Human Service Provider.  
What would you gain from employment here?
  
3. Describe the skills you have and how they would help you at Cerebral Palsy.
  
4. In your other jobs, how do you think people would describe you?
  
5. Do you have specific employment/career goals you are thinking about?  
Explain:
  
6. Start time for work is 8:00 am. It normal takes you 15 minutes to travel from home to work. Today it is snowing. What time would you leave?
  
7. If you walk down the street and after passing several people, they begin to laugh, what would you think or how would you respond?
  
8. What kind of person do you think you are?

9. Describe a weakness you may have.

10. In your prior employment, have you had disagreements with your supervisors? If so, how did you handle it?

11. What are your feelings about working on a weekend, on a scale of 1 to 10 (10 being most willing)?

12. Rate yourself for each characteristic below on a scale of 0 – 10.

Sense of humor _____	Frustration tolerance _____
Assertiveness _____	Dependability _____
Creativity _____	Initiative _____
Attendance _____	Promptness _____
Time Management _____	Writing Skills _____
Ability to work with others _____	Frustration tolerance _____
Ability to work and manage under stress _____	Frustration tolerance _____

13. What kind of reference would your last employer give you?

DRIVING RECORD STATEMENT

1. Have you had a **New York State Driver's License** for at least 2 years?

YES NO

If you have had a NYS license for less than 2 years, how long have you had it?

\_\_\_\_\_

2. Have you ever had any conviction for moving violations within the last 3 years?

YES NO

If YES, please explain \_\_\_\_\_

\_\_\_\_\_

3. Have you ever had your license suspended or revoked for any reason?

YES NO

If YES, please explain \_\_\_\_\_

\_\_\_\_\_

4. Have you ever been convicted for DWI or DWAI? YES NO

If YES, please explain \_\_\_\_\_

\_\_\_\_\_

5. Have you ever been involved in any occurrence involving harm to persons or property while driving?

YES NO

If YES, please explain \_\_\_\_\_

\_\_\_\_\_

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