



Southern Tier Independence Center
135 E. Frederick Street
Binghamton, NY 13904
607-724-2111

Habilitation Employment Application

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Type of Employment

If applying to work with someone specific, their name: _____

Date available to start: _____

Can you travel, if required by this position? Yes No

Have you been previously employed by our organization? Yes No

If yes, dates of employment and positions held: _____

Eligibility

Are you over 18 years old? Yes No

Are you legally eligible for employment in the United States? Yes No
 (Proof of citizenship or immigration status will be required upon employment)

Do you have a valid driver's license? Yes No

Employment History

(Start with most recent or present job)

Employer: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Supervisor and Title: _____

Job Title: _____ Employment Dates (mm/yy): _____

Brief summary of job: _____

Reason for leaving: _____

Employer: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Supervisor and Title: _____

Job Title: _____ Employment Dates (mm/yy): _____

Brief summary of job: _____

Reason for leaving: _____

Employer: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Supervisor and Title: _____

Job Title: _____ Employment Dates (mm/yy): _____

Brief summary of job: _____

Reason for leaving: _____

Employer: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Supervisor and Title: _____

Job Title: _____ Employment Dates (mm/yy): _____

Brief summary of job: _____

Reason for leaving: _____

Applicant's Statement

I certify that the information given above is true and complete, and I understand that misrepresentation and/or withholding of information will result in the rejection of this application or my discharge if discovered after employment begins.

I authorize the Southern Tier Independence Center (STIC) to make inquiries regarding my history and character of prior employers and educational institutions, references, among others, and hereby release employers, educational institutions, or individuals from all liability in responding to inquiries in connection with my application and release STIC from all liability with respect to such inquiries.

I understand that if employed by STIC that I will be an employee "at will" and I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by ADA. I also understand that if I am offered employment, I will be required to successfully pass multiple background checks. I will be required to provide satisfactory proof of identity and legal work authorization. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Signature: _____ **Date:** _____

If referred by consumer or family, they will need to sign below verifying that they have reviewed your application.

Signature: _____ **Date:** _____

Please check below if you give us permission to send your application to individuals in need of staff. This will give you the opportunity to increase your caseload and hours more quickly. Please note that individuals may call you if they are interested in meeting with you.

____ Yes, permission to send out my application ____ No, do not send out my application

Southern Tier Independence Center References

Applicant Name: _____

List the names and telephone numbers of at least one work-related reference and two personal references (not related to you).

Employment Reference

Company Name: _____

Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Position Held: _____ Dates Employed: _____

Employment Status: Part Time OR Full Time (Please circle one)

Personal References

1. Name: _____ **Phone #:** _____

Address: _____

City: _____ State: _____ Zip: _____

Years known: _____ Relationship: _____

2. Name: _____ **Phone #:** _____

Address: _____

City: _____ State: _____ Zip: _____

Years known: _____ Relationship: _____

Habilitation Support Staff Availability

Name: _____ Date: _____

Phone: _____ Email: _____

Hours currently working per week: _____

Number of hours you want to work per week: _____

Times/days available:

day	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday
start time							
end time							

Please note any additional information regarding your availability that you feel would be helpful:
