

**APPLICATION
FOR EMPLOYMENT**



Makor Disability Services

Women's League Community Residences, Inc.

1556 38th Street • Brooklyn, NY 11218
(718) 853-0900 • Fax: (718) 853-0818

www.makords.org

Application For Employment

PERSONAL INFORMATION		DATE:
Name (Last)	(First)	(Middle)
Address (Street)		
(City)	(State)	(Zip)
Cell Phone: ()	Home Phone: ()	
Email address:		
Referred By:		

EMPLOYMENT DESIRED		
Position:	Days/hours available:	Date you can start:
Are you employed now ? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever applied here before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, when?	

EDUCATION HISTORY			
	Name and Location of School	Years Attended	Degree/Diploma
High School			
College			
Other training, schooling or certification			

EMPLOYMENT HISTORY (List employers, most recent one first)			
Dates	Company Name & Contact #	Position & Supervisor Name	Reason for Leaving
From: To:			
From: To:			
From: To:			
From: To:			

Are you legally eligible for employment in the USA? Yes No

If you are under age 18, do you have a valid work permit? Yes No

If the position you are applying for requires driving, please complete the following:

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

Are you willing to drive if required by the position applied for? Yes No

Have you ever had any moving violations or convictions related to moving violations within the last 3 years? Yes No

Have you had a suspension, revocation, DWI conviction or any occurrence involving harm to persons or property while driving? Yes No

REFERENCES

Please list three people whom you have known for at least one year, i.e. work colleagues, teachers, school officials, clergymen or lay leaders. Please furnish their addresses and phone numbers. These references should not be related to you or be personal friends.

Name	City/State	Association / Affiliation	Phone #

Please list any additional experience, knowledge, or skills you have which may be relevant to working with individuals with disabilities.

Please note that Makor DS/WLCR will conduct a criminal background check before finalizing hire.

The Makor DS/WLCR Human Resources Department must be notified if at any time (whether on or off shift) while employed by Makor DS/WLCR, the employee engages in criminal misconduct or is arrested. Failure to alert Makor DS/WLCR is cause for immediate dismissal.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts, and **false** answers to any question, are cause for immediate dismissal. Further, I understand and agree that my employment is not for a definite period and may be terminated at any time without previous notice. Additionally, I, the undersigned, hereby affirm that all the statements made by me in this application are completely true.

Signature: _____

Date: _____

CONFIDENTIALITY STATEMENT

I understand and appreciate the importance of ensuring the confidentiality of all Individuals of Makor DS/WLCR, Inc. I agree to uphold this regulation by restricting the sharing of an Individual's information with only those who work directly with the Individual. I will not mention names of Individuals or specific case descriptions to friends, family members, etc. I understand that any breach of the above is cause for immediate dismissal.

Signature: _____

Date: _____

Human Resources Director - Brenda Bark

efax: (347) 390-2306

bbark@makords.org

FOR Makor DS/WLCR USE ONLY

Interviewed by: _____

Date: _____

Remarks:

PRINCIPLES OF CONDUCT FOR MAKOR DS/WLCR EMPLOYEES

1. There should be no use of corporal punishment upon Individuals.
2. Employees should not engage in any activity that constitutes abuse of Individuals as defined in NYS regulations.
3. Employees should not model inappropriate or unacceptable behavior to Individuals.
4. Employees should treat all Individual's information as confidential and utilize such information in a professional manner at all times. In addition, no photographs or videos, even those taken by camera/videophones, may be disseminated outside the Individual's residence.
5. There should be no discriminatory activity against Individuals or others for any reason, including race, religion, national origin, creed, sex, age, sexual orientation, ethnic background, economic condition, developmental or other disability.
6. Employees should not distribute, sell, possess, purchase or consume illegal substances or alcohol while at the work place or while performing in a work-related capacity.
7. Employees should not come to work, or work, if their ability to perform their job is impaired due to the use of alcohol, a controlled substance, an illegal substance, or a prescribed medication.
8. Employees are prohibited to carry, possess, or bring firearms or any other weapons into any Makor DS/WLCR residence or facility at any time. In addition, the above restrictions include any time on shift even outside Makor DS/WLCR facilities.
9. An Individual should not carry out the duties of employees unless such tasks are described in the Individual's plan of services by the Individual's program planning team for the purpose of increasing the Individual's skills.
10. There should be no financial transaction between employees and Individuals that is not authorized and part of the job, or which may be construed as Individual exploitation or result in greater benefit to the employee than the Individual.

I HAVE READ THE PRINCIPLES OF CONDUCT FOR EMPLOYEES OF WLCR AND UNDERSTAND THAT A FAILURE TO COMPLY WITH THESE PRINCIPLES MAY BE CAUSE FOR IMMEDIATE DISMISSAL.

Signature: _____

Date: _____

Before a prospective direct support employee does an observation shift, he/she must submit a doctor's note verifying a **PPD** test for tuberculosis, or contact a Makor DS/WLCR nurse who will administer the PPD free of charge.

All new employees must submit the following to the Human Resources Department before they begin to work:

- signed Code of Conduct form
- signed Principles of Conduct form
- signed Hepatitis B form (requesting or declining the Hep B vaccinations)
- signed Personnel Policies form
- an I-9 form for which 2 pieces of ID must be submitted, such as a Driver's License, original Social Security Card, birth certificate, etc. or a U.S. passport proving that you are legally permitted to work. All ID must be current.
- completed W-4 form
- if interested in direct deposit of salary, bank information i.e. a voided check
- signed form for enrollment in our retirement plan (requesting or declining)
- signed Corporate Compliance form

Direct support employees must complete these additional screening forms:

- Staff Exclusion List form
- Mental Health Law 16.34 forms 151 – 152
- State Central Registry acknowledgment and database check forms
- Criminal Background Check / Justice Center forms

Upon completion of observation shifts with full supervision, direct support employees must be fingerprinted.

All direct support employees must discuss arrangements for AMAP training with their residence manager. Classes are offered on an on-going basis. In addition, all employees are expected to attend and complete Makor DS/WLCR in-service COMPASS training.

Employees working a minimum of 30 hours per week should contact the Benefits Department at the end of the second month of employment, if they are interested in initiating enrollment in the health insurance plan, and at the end of 5 months to initiate enrollment in a term disability plan. Towards the end of the first year of employment, the Benefits Department should be contacted to initiate enrollment in a life insurance plan.

If you need assistance, or have any questions with reference to the above, please contact the Benefits Department at 718-853-0900 ext. 254.

Makor DS/WLCR is an Equal Opportunity Employer. We do not discriminate on the basis of age, gender, national origin, creed, marital status, sexual orientation, citizenship status, disability, religion, race, color, or veteran status.

Makor Disability Services

Women's League Community Residences, Inc.

1556 38th Street • Brooklyn, NY 11218

(718) 853-0900 • Fax: (718) 853-0818

www.makords.org

Mission Statement

Makor DS/Women's League Community Residences, Inc. is a professional organization committed to the philosophy that every person, regardless of his/her personal handicaps or developmental level, must be treated with the utmost dignity accorded to all human beings. It is our belief that every person with developmental disabilities should be afforded the opportunity to maximize his/her functional, social, and intellectual potential through appropriate individualized programming, by living in as normal a home environment as possible, and by living in an atmosphere of acceptance, warmth, understanding, and security which upholds the rights of each individual and provides developmental opportunities on both individual and group bases.

Makor DS/WLCR encourages and affirms the rights of persons with developmental disabilities and their families to secure the highest level of quality treatment and habilitation services. It is our belief that personal growth flows first from an improved sense of self worth, and that the Individual's programming must be formulated toward this goal of self actualization. All of our service environments will continually encourage the Individual's choice and expression.

Makor DS/WLCR's programs and services are available to all, regardless of race, color, or creed. All services are provided with the approval and oversight of the State of New York and in compliance with the State's comprehensive program of consumer empowerment addressed in the document "The Five Governing Principles." All policies and procedures are available for staff, parents, service participants and their representatives to read within the agency. In addition, the philosophy, goals, and objectives of our programs are available for distribution to the above parties.