



# The Addictions Care Center of Albany, Inc.

We are an equal opportunity employer dedicated to a policy of non-discrimination in employment on any basis, including race, color, age, religion, sex, marital status, national origin, disability, veteran status, or any other legally protected status.

The ACCA maintains a drug, alcohol and tobacco-free work environment.

## EMPLOYMENT APPLICATION

PLEASE PRINT NEATLY, LEGIBLY AND IN PEN. BE SURE TO SIGN THIS APPLICATION ON THE LAST PAGE.

ALL STATEMENTS MADE BY APPLICANTS FOR EMPLOYMENT ON THIS FORM WILL BE CHECKED FOR ACCURACY.

### personal information

NAME (PRINT) \_\_\_\_\_

LAST NAME FIRST NAME MIDDLE INITIAL

PRESENT ADDRESS \_\_\_\_\_

STREET ADDRESS CITY STATE ZIPCODE

PREVIOUS ADDRESS \_\_\_\_\_

STREET ADDRESS CITY STATE ZIPCODE

IS THIS YOUR LEGAL NAME? NO \_\_\_ YES \_\_\_ ARE YOU KNOWN BY ANOTHER NAME? NO \_\_\_ YES \_\_\_ NAME \_\_\_\_\_

TELEPHONE # AND AREA CODE \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ EMAIL \_\_\_\_\_

### ALL OF THE FOLLOWING QUESTIONS MUST BE ANSWERED

ARE YOU 18 YEARS OF AGE OR OLDER? YES \_\_\_ NO \_\_\_ ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? YES \_\_\_ NO \_\_\_

DO YOU HAVE ANY RELATIVES THAT WORK AT ACCA? Yes \_\_\_ No \_\_\_ If YES, IN WHICH DEPARTMENT? \_\_\_\_\_

IF EMPLOYED BY ACCA WOULD YOU BE IN A SUPERVISORY OR SUBORDINATE RELATIONSHIP TO ANY RELATIVE OR MEMBER OF YOUR HOUSEHOLD?  
No \_\_\_ Yes \_\_\_ PLEASE LIST EMPLOYEE NAME AND RELATIONSHIP \_\_\_\_\_

PLEASE TELL US HOW YOU HEARD ABOUT ACCA? \_\_\_\_\_

HAVE YOU EVER APPLIED FOR A POSITION WITH US IN THE PAST? NO \_\_\_ YES \_\_\_ DATE OF APPLICATION \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED BY US IN THE PAST? NO \_\_\_ YES \_\_\_ DATES OF EMPLOYMENT (FROM/TO) \_\_\_\_\_

WHY DO YOU WANT TO WORK FOR ACCA? \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED? NO \_\_\_ YES \_\_\_ ARE YOU CURRENTLY ON "LAY-OFF" STATUS & CAN BE RECALLED? NO \_\_\_ YES \_\_\_

ARE YOU WILLING TO TAKE FINGERPRINTS AND DRUG TESTS AT ACCA'S REQUEST? NO \_\_\_ YES \_\_\_ IF NO, PLEASE EXPLAIN: \_\_\_\_\_

DO YOU HAVE ANY CIVIL OR LEGAL OBLIGATIONS? \_\_\_\_\_

ARE THERE ANY REASONS WHY YOU WOULD NOT CONSISTENTLY ARRIVE FOR WORK ON TIME AND WORK ACCORDING TO ACCA'S SCHEDULE?  
o NO o YES PLEASE EXPLAIN \_\_\_\_\_

DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION?  YES  NO SPECIFY TYPE \_\_\_\_\_

DO YOU CURRENTLY HOLD A VALID NYS DRIVER'S LICENSE?  YES  NO SPECIFY TYPE \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  YES  NO  
IF YES, GIVE DATE, PLACE, OFFENSES CHARGED, ETC. (A CONVICTION DOES NOT MEAN WE WILL NOT EMPLOY YOU)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WORK PREFERENCE**

I AM SEEKING: (PLEASE CHECK ALL THAT APPLY)

FULL TIME: \_\_\_\_\_ DAYS: \_\_\_\_\_ EVENINGS: \_\_\_\_\_  
PART TIME: \_\_\_\_\_ DAYS: \_\_\_\_\_ EVENINGS: \_\_\_\_\_  
PER DIEM: \_\_\_\_\_ NIGHTS \_\_\_\_\_ EVENINGS \_\_\_\_\_ HOURS PER WEEK DESIRED: \_\_\_\_\_

POSITION OR TYPE OF WORK APPLYING FOR: \_\_\_\_\_  
SALARY DESIRED: \_\_\_\_\_

SPECIFY DAYS (PLEASE CIRCLE ALL THAT APPLY): MON TUES WED THURS FRI SAT SUN

ARE YOU AVAILABLE TO WORK WEEKENDS? YES NO EVENINGS? YES NO NIGHTS? YES NO

**employment history** (list your latest employment first). Give explanation for any gaps in employment.

Name of Employer: _____	Position Title: _____
Full Address: _____ <small>Street City/State/Zip</small>	Last Salary: _____
Supervisor & Phone: _____	Reason for leaving: _____
If present employer, may we contact? Yes _____ No _____	Describe your principle duties or responsibilities: _____ _____ _____
Dates employed: From (Month/Yr) _____ To (Month/Yr) _____	
Status: Full Time _____ Part Time _____ Per Diem _____	

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Full Address: _____ <small>Street City/State/Zip</small>	Last Salary: _____
Supervisor & Phone: _____	Reason for leaving: _____
If present employer, may we contact? Yes _____ No _____	Describe your principle duties or responsibilities: _____ _____ _____
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Dates employed: From (Month/Yr) _____ To (Month/Yr) _____	
Status: Full Time _____ Part Time _____ Per Diem _____	

## education

<u>Name of School</u>	<u>Last year Complete</u>	<u>Did you Graduate?</u>	<u>Course of Study</u>
High School _____	1 2 3 4	Yes No	_____
Vocation/Trade School _____	1 2 3 4	Yes No	_____
Associate's Degree _____	1 2 3 4	Yes No	_____
B.A. or B.S. Degree _____	1 2 3 4	Yes No	_____
Master's Degree _____	1 2 3 4	Yes No	_____

## professional licensure, registry, certification (Copy required upon employment)

Type of License, Registry or Certification	Issuing State or Organization	Number	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____

If not currently registered, licensed or certified, are you eligible? Yes \_\_\_\_\_ No \_\_\_\_\_

(CACAC) When will you or did you sit for your exam? Date \_\_\_\_\_

## special skills /additional personal information

Please list any special skills that you possess and any additional information that you think would be applicable; i.e., volunteer work, membership in professional organizations, computer experience, or outside interests, etc.

\_\_\_\_\_

Foreign Languages \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_ Speak \_\_\_\_\_

Have you served in the US Armed Forces? \_\_\_\_\_ Rank at entry \_\_\_\_\_ Rank at release \_\_\_\_\_

Are you an active National Guard Reservist? NO \_\_\_ YES \_\_\_\_\_ Major duties/Specialty Training \_\_\_\_\_

## employment & Personal references

List two (2) professional references, and one (1) personal reference below. If you are applying for a supervisory or management position additional references may be requested.

**2 Professional References:**

# 1 \_\_\_\_\_  
 Name \_\_\_\_\_ Organization \_\_\_\_\_ Telephone with Area Code \_\_\_\_\_  
 How long have you known this person? \_\_\_\_\_ Are you related to this person? \_\_\_\_\_

# 2 \_\_\_\_\_  
 Name \_\_\_\_\_ Organization \_\_\_\_\_ Telephone with Area Code \_\_\_\_\_  
 How long have you known this person? \_\_\_\_\_ Are you related to this person? \_\_\_\_\_

**1 Personal Reference:**

# 2 \_\_\_\_\_  
 Name \_\_\_\_\_ Organization \_\_\_\_\_ Telephone with Area Code \_\_\_\_\_  
 How long have you known this person? \_\_\_\_\_ Are you related to this person? \_\_\_\_\_



The Addictions Care Center  
of Albany, Inc.

**Job Applicant's Agreement and Certification**

Addiction Care Center of Albany, Inc.  
90 McCarty Avenue, Albany, NY 12202  
Fax: 518 427-0854 - Phone: 518 465-5470

NAME (PRINT) \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE INITIAL

SOCIAL SECURITY NUMBER \_\_\_\_\_

I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, DMV check, pre-employment physical and drug screen, criminal background check, child abuse check and any other persons to answer questions asked concerning my ability, character, reputation, and previous employment record. I release such persons from any liability or damages on account of having furnished such information.

I certify that the information given by me in this application and in any interview that I may be granted is true in all respects. I agree that if the information given is found to be false in any way, or it shall be considered sufficient cause for denial of employment or if I am employed, immediate dismissal.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Addictions Care Center of Albany (ACCA) for either employment or the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon ACCA unless made in writing by the Human Resources Director. If an employment relationship is established, I understand that I will be required to serve a three (3) month introductory period. I also understand that my employment and compensation can be terminated with or without notice, at any time, at the option of either myself or the ACCA.

**APPLICANT PLEASE  
SIGN AND DATE HERE**



SIGNATURE	DATE
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# The Addictions Care Center of Albany, Inc.

## VOLUNTARY AFFIRMATIVE ACTION QUESTIONNAIRE

The purpose of this questionnaire is to assist in monitoring Affirmative Action Programs and to comply with any Government record keeping or periodic reporting. This information is not part of your employment application, and will not be considered in the employment/selection process. If you choose to provide the information, please do not identify your self on the form.

Date (month/day/year): \_\_\_\_\_ Position applied for: \_\_\_\_\_

### RACE (check one)

- White — origins in Europe, North Africa, or Middle East
- Asian — origins in Far East, S.E. Asia, India or Pacific Islands
- Black — origins in Africa
- Hispanic — origins in Mexico, Puerto Rico, Cuba, Central or South America
- American Indian — origins in North America, to exclude Alaska

### PHYSICAL CONDITION (check one)

- No disability
- Physically disabled (no facility or job modification)
- Physically disabled (facility or job modification required)
- Disabled due to health condition
- Disabled due to mental condition

SEX  Male  Female

### VETERANS/U.S. MILITARY STATUS

- Non-Veteran
- Pre-Vietnam Veteran
- Pre-Vietnam Veteran with service incurred disability
- Vietnam Era Veteran (8/5/64 – 5/7/75)
- Vietnam Veteran with service incurred disability
- Post Vietnam Veteran
- Post Vietnam Veteran with service incurred disability

ACTIVE NATIONAL GUARD RESERVIST  Yes  No