



# The Addictions Care Center of Albany, Inc.

## AN EQUAL OPPORTUNITY EMPLOYER

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

## 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

HOME OR NEAREST PHONE WITH AREA CODE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

IF UNDER THE AGE OF 18, WILL YOU BE ABLE TO FURNISH A WORK PERMIT AFTER EMPLOYMENT?  YES  NO

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES?  YES  NO (VERIFICATION WILL BE REQUIRED ON EMPLOYMENT)

IF EMPLOYED BY THE ACCA, WOULD YOU BE IN A SUPERVISORY OR SUBORDINATE RELATIONSHIP TO ANY RELATIVE OR MEMBER OF YOUR HOUSEHOLD?

NO  YES PLEASE INDICATE THE ACCA EMPLOYEE AND RELATIONSHIP \_\_\_\_\_

PLEASE TELL US HOW YOU HEARD ABOUT THE ACCA  CLASSIFIED AD  INTERNET JOB POSTING  OTHER \_\_\_\_\_

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) \_\_\_\_\_

### Work Preference

PREFERRED POSITION \_\_\_\_\_ TYPE OF EMPLOYMENT  FULL TIME  PART TIME  TEMPORARY

DAYS AND HOURS YOU ARE AVAILABLE TO WORK: (IF EMPLOYED, I WILL NOTIFY MY SUPERVISOR IN WRITING SHOULD MY AVAILABILITY CHANGE)

HOURS	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM:							
TO:							

MINIMUM RATE OF PAY EXPECTED \$ \_\_\_\_\_ PER  HOUR  YEAR DATE AVAILABLE FOR WORK \_\_\_\_\_

ARE THERE ANY REASONS WHY YOU WOULD NOT CONSISTENTLY ARRIVE FOR WORK ON TIME AND WORK ACCORDING TO THE ACCA'S SCHEDULE?

NO  YES PLEASE EXPLAIN \_\_\_\_\_

DO YOU HAVE ANY OBLIGATIONS THAT WOULD PREVENT YOU FROM WORKING OCCASIONAL OVERTIME?

NO  YES PLEASE EXPLAIN \_\_\_\_\_

CAN YOU PERFORM ALL THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING WITHOUT A REASONABLE ACCOMMODATION?

YES  NO PLEASE EXPLAIN \_\_\_\_\_

### Academic Training

	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECTS	CIRCLE LAST YEAR COMPLETED	TYPE OF DEGREE AWARDED
HIGH SCHOOL	_____	_____	9 10 11 12	_____
COLLEGE	_____	_____	1 2 3 4	_____
COLLEGE	_____	_____	1 2 3 4	_____
VOCATIONAL/ TECHNICAL	_____	_____	1 2 3 4	_____

# Employment History

LIST ALL JOBS AND ACTIVITIES, INCLUDING PART-TIME EMPLOYMENT WHILE IN SCHOOL, U.S. MILITARY SERVICE, VOLUNTEER AND SELF EMPLOYMENT

■ EMPLOYER (PRESENT OR MOST RECENT)

ADDRESS \_\_\_\_\_

STREET ADDRESS

CITY

STATE

ZIPCODE

YOUR JOB TITLE \_\_\_\_\_ SUPERVISOR'S NAME AND TITLE \_\_\_\_\_

BRIEFLY DESCRIBE YOUR DUTIES (YOU DO NOT HAVE TO COMPLETE THIS SECTION IF YOU HAVE ATTACHED A DETAILED RESUME)

REASON FOR LEAVING \_\_\_\_\_

EMPLOYED FROM (MO/YR) \_\_\_\_\_ TO \_\_\_\_\_ BEGINNING SALARY \$ \_\_\_\_\_ PER  HOUR  YEAR

LAST SALARY \$ \_\_\_\_\_ PER  HOUR  YEAR

MAY WE CONTACT YOU AT YOUR PRESENT JOB?  YES  NO

MAY WE CONTACT YOUR PRESENT EMPLOYER FOR REFERENCES?  NO  YES

IF YES, PLEASE PROVIDE YOUR CURRENT EMPLOYER'S AREA CODE AND PHONE NUMBER \_\_\_\_\_

■ EMPLOYER (PREVIOUS)

ADDRESS \_\_\_\_\_

STREET ADDRESS

CITY

STATE

ZIPCODE

YOUR JOB TITLE \_\_\_\_\_ SUPERVISOR'S NAME AND TITLE \_\_\_\_\_

BRIEFLY DESCRIBE YOUR DUTIES (YOU DO NOT HAVE TO COMPLETE THIS SECTION IF YOU HAVE ATTACHED A DETAILED RESUME)

EMPLOYED FROM (MO/YR) \_\_\_\_\_ TO \_\_\_\_\_ BEGINNING SALARY \$ \_\_\_\_\_ PER  HOUR  YEAR

LAST SALARY \$ \_\_\_\_\_ PER  HOUR  YEAR

REASON FOR LEAVING \_\_\_\_\_

■ EMPLOYER (PREVIOUS)

ADDRESS \_\_\_\_\_

STREET ADDRESS

CITY

STATE

ZIPCODE

YOUR JOB TITLE \_\_\_\_\_ SUPERVISOR'S NAME AND TITLE \_\_\_\_\_

BRIEFLY DESCRIBE YOUR DUTIES (YOU DO NOT HAVE TO COMPLETE THIS SECTION IF YOU HAVE ATTACHED A DETAILED RESUME)

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LAST SALARY \$ \_\_\_\_\_ PER  HOUR  YEAR

REASON FOR LEAVING \_\_\_\_\_

■ EMPLOYER (PREVIOUS)

ADDRESS \_\_\_\_\_

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EMPLOYED FROM (MO/YR) \_\_\_\_\_ TO \_\_\_\_\_ BEGINNING SALARY \$ \_\_\_\_\_ PER  HOUR  YEAR

LAST SALARY \$ \_\_\_\_\_ PER  HOUR  YEAR

REASON FOR LEAVING \_\_\_\_\_

WHY DO YOU WANT TO CHANGE EMPLOYERS AT THIS TIME? \_\_\_\_\_

## Professional Registrations/Licenses/Continuing Education

PLEASE LIST ANY REGISTRATIONS/LICENSES/CERTIFICATES /TRAINING, ETC... THAT YOU MAY HAVE OR HAD IN THE PAST

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## U.S. Military Service

BRANCH OF ARMED SERVICE \_\_\_\_\_ RANK AT ENTRY \_\_\_\_\_ RANK AT RELEASE \_\_\_\_\_

MAJOR DUTIES/SPECIALTY TRAINING \_\_\_\_\_

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## Employment References

LIST THREE EMPLOYMENT REFERENCES (ADDITIONAL REFERENCES MAY BE REQUESTED IF YOU ARE APPLYING FOR A SUPERVISORY OR MANAGEMENT POSITION)

#1

NAME	ORGANIZATION	TELEPHONE NUMBER WITH AREA CODE
POSITION OR OCCUPATION	ADDRESS	

#2

NAME	ORGANIZATION	TELEPHONE NUMBER WITH AREA CODE
POSITION OR OCCUPATION	ADDRESS	

#3

NAME	ORGANIZATION	TELEPHONE NUMBER WITH AREA CODE
POSITION OR OCCUPATION	ADDRESS	

## Professional Activities

LIST COMMUNITY, BUSINESS, OR PROFESSIONAL ORGANIZATIONS AND YOUR LEVEL OF INVOLVEMENT. EXCLUDE ANY SOCIETIES, ORGANIZATIONS, OR ACTIVITIES, ETC..., THE NAME AND CHARACTER OF WHICH INDICATE THE RACE, RELIGION, DISABILITY STATUS, MARITAL STATUS, SEX, SEXUAL ORIENTATION, AGE, OR NATIONAL ORIGIN OR ANCESTRY OF ITS MEMBERS.

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## Special Skills

PLEASE PROVIDE ANY ADDITIONAL INFORMATION SUCH AS MANAGEMENT EXPERIENCE, EQUIPMENT OPERATION OR QUALIFICATIONS THAT YOU FEEL WILL BE HELPFUL TO US IN *CONSIDERING YOUR APPLICATION FOR THIS POSITION*.

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FOREIGN LANGUAGES \_\_\_\_\_  READ  WRITE  SPEAK

FOREIGN LANGUAGES \_\_\_\_\_  READ  WRITE  SPEAK

## Additional Personal Information

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)

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### For Human Resources Department Use

ARRANGE INTERVIEW     YES    NO    DATE \_\_\_\_\_    WITH \_\_\_\_\_

REMARKS \_\_\_\_\_

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EMPLOYED     YES    NO    HIRE DATE \_\_\_\_\_

JOB TITLE \_\_\_\_\_    RATE OF PAY \_\_\_\_\_ PER  HOUR    PAY PERIOD

SUPERVISOR \_\_\_\_\_    PROGRAM \_\_\_\_\_



The Addictions Care Center of Albany, Inc.  
90 McCarty Ave.  
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 the past employers, all references, 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 Albany Citizens Council on Alcoholism and Other Chemical Dependencies (the 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 the ACCA unless made in writing by the Executive Director. If an employment relationship is established, I understand that I will be required to serve a six (6) 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

**HOW DID YOU HEAR ABOUT THE ACCA?**

- CLASSIFIED AD             Internet Job Posting             Other

## APPLICANT RELEASE AND AUTHORIZATION FORM

I hereby authorize \_\_\_\_\_, or its authorized representatives, and/or service providers, including, but not limited to CIS, bearing this release to obtain and release any information pertaining to my background including my credit history and any of the services noted below, for employment or volunteer purposes. I hereby, fully release and discharge my prospective employer, and any and all other service providers, who are gathering information, from all claims and damages arising out of or relating to any investigation of my background.

APPLICANT SIGNATURE:	
APPLICANT NAME (PRINTED):	
DATE:	

**PLEASE PROVIDE SEVEN (7) YEARS OF RESIDENTIAL HISTORY.  
ADDITIONAL YEARS SEARCHED AT CLIENTS REQUEST.**

APPLICANT INFORMATION		
FIRST NAME	MIDDLE NAME	LAST NAME

(PLEASE PRINT CLEARLY)

ALIAS INFORMATION		
FIRST NAME	MIDDLE NAME	LAST NAME

(PLEASE PRINT CLEARLY)

OTHER INFORMATION	
Date of Birth:	
Social Security Number:	
Drivers License Number:	
State Drivers License is Issued:	

(PLEASE PRINT CLEARLY)