



Employment Application

Email application to jobs@hillside.com
Mac Users [Click here](#) for further instructions

CONTACT INFORMATION

Last: _____ First: _____ Middle: _____

Previous name(s) if any, used for work or educational records: _____

Address (Number & Street): _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Alternate Phone: _____

E-mail Address: _____

Social Security Number _____

(Required by law for submission to the NYS Justice Center for pre-employment screening – New York State applicants only)

Are you authorized to work in the United States? Yes No

Are you at least 18 years of age or older? Yes No

I am related to the following Hillside Employee(s): _____

I am related to the following Hillside Board Member(s): _____

Have you ever worked for Hillside Family of Agencies or one of our affiliates? Yes No

If yes, list dates employed: _____ Reason for leaving: _____

Department: _____ If you worked under another name please provide: _____

Have you ever interviewed for employment at Hillside Family of Agencies or one of our affiliates? Yes No

Dates: _____

Have you ever worked at Hillside Family of Agencies through a temporary agency? Yes No

If yes, indicate dates and agency name: _____

REFERRAL SOURCE

How did you hear about employment opportunities at Hillside Family of Agencies?

Hillside.com Democrat & Chronicle Careerbuilder.com Job Fair School/College Other List: _____

Employee Referral/ Name: _____ *Current employees who are identified may be eligible for a referral bonus*

Identify position(s) of interest; please include the job posting number and job title for each position.

1st Choice: _____

2nd Choice: _____

Please indicate your salary expectations: _____

AVAILABILITY

Your availability is an important part of evaluating your application. Many of our positions require us to hire individuals who have evening and weekend availability.

Date Available to Start: _____ Desired Number of Hours Per Week: _____

I am interested in the following type(s) of positions:

Full-time Part-time Relief / Per Diem Internship Volunteer Opportunities

Relief and Per Diem positions do not have regular scheduled hours, individuals who fill these roles work only as needed.

Some of our facilities operate 24 hours a day 7 days a week. Please indicate the times you are available:

Availability	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

BACKGROUND INFORMATION

A conviction or indication will not automatically disqualify you from consideration. The crime committed, type of offense, date of conviction, work history and other job-related qualifications will be evaluated in the decision making process.

Have you **EVER** (at any point in your life) been convicted of **ANY** criminal violation of the law in New York State, Maryland, or any other jurisdiction? (United States and all other Countries) Yes No
 (Include DWI, DUI convictions and DWAI violations. Also include traffic violations that are classified as criminal misdemeanors or felonies in the jurisdiction (State/Country) where they occurred.)

If yes, how many times? 1 2 3 4 or more List the following information for each conviction:
 The NYS Fingerprinting process will provide us with disposition of any and all criminal convictions regardless of the date or jurisdiction that it occurred so please document all convictions below (Include DWI, DUI convictions and DWAI violations as well as traffic violations that are classified as criminal misdemeanors or felonies in the jurisdiction (State/Country) they occurred).

	Conviction 1	Conviction 2	Conviction 3
Date			
Crime Committed (Petit Larceny, DWI, etc.)			
Type of Offense (Misdemeanor, Felony)			
Name/ Location of Court			

*If you have additional convictions, please attach a separate sheet with the information and attach with this application. Please be as specific as possible.

Yes No Have you lived outside of NYS within the past 7 years? This information will be used in accordance with one of Hillside's required background checks.

Yes No Do you have any criminal charges pending at the current time? If so explain:

Yes No If you are applying for a position in the Developmental Disabilities (OPWDD) program: Have you ever received a substantiated report that you engaged in behavior that constituted abuse or neglect? If yes, please list date _____ and where you were employed at the time _____.

Yes No Have you ever been indicated for child abuse or neglect?

Yes No Driving is an essential function required for many positions; do you have a valid, unrestricted Driver's License?

Yes No If you possess a valid US driver's license, have you had it for a minimum of one year?

My driver's license was issued by the following state: New York Maryland Other _____

Please list your driver's license number _____

All employees must comply with state regulations regarding the requirement to obtain a license and registration consistent with their residency status.

EMPLOYMENT HISTORY

Complete your job history in chronological order with no gaps starting with your current or most recent job for the last seven (7) years. Please fill out all sections. If you need additional space to include all 7 years, please provide a separate sheet. We encourage you to include a copy of your resume with your application to highlight additional experiences you may have.

Employer & Address	Supervisor's Name/Phone Number	Type of Position	Dates		Hourly Rate/Salary	Reason for Leaving	Status
			Start Mo/Yr	End Mo/Yr			FT/PT

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Employer & Address (cont.)	Supervisor's Name/Phone Number	Type of Position	Dates		Hourly Rate/Salary	Reason for Leaving	Status
			Start Mo/Yr	End Mo/Yr			FT/ PT

If you have additional work history, please attach a separate sheet with the information and attach with this application.

May we contact your current employer? Yes No If not, please indicate reason: _____

CERTIFICATIONS & LICENSES				
State:	Type:	Subject / Field / Area / Certification #:	Effective Date:	Expiration Date:

- Yes No Have you ever had any professional licenses suspended, annulled, or revoked?
- Yes No Has your employment (including appointments, panel participation, affiliations, and clinical responsibilities) ever been voluntarily suspended, diminished, revoked, refused or limited?
- Yes No Has your employment ever been voluntarily suspended, diminished, revoked, refused or limited to avoid disciplinary action for reasons related to professional competence or conduct?
- Yes No Do you have any current or pending misconduct proceedings against you in this state or any other state?

EDUCATION <i>Only diplomas and degrees from institutions accredited by a nationally recognized agency will be accepted. Only check that a degree is obtained if you can provide official documentation that the degree is completed.</i>			
Name of School & Location	Major /Program	Number of Years Attended	Degree (Check All That Apply)
High School / GED (City/State)			<input type="checkbox"/> Currently Enrolled <input type="checkbox"/> Did Not Graduate <input type="checkbox"/> HS Diploma Obtained <input type="checkbox"/> GED Obtained
College / University (City/State)			<input type="checkbox"/> Currently Enrolled <input type="checkbox"/> Did Not Graduate <input type="checkbox"/> Associates Obtained <input type="checkbox"/> Bachelors Obtained
			<input type="checkbox"/> Currently Enrolled <input type="checkbox"/> Did Not Graduate <input type="checkbox"/> Associates Obtained <input type="checkbox"/> Bachelors Obtained
Graduate School (City/State)			<input type="checkbox"/> Currently Enrolled <input type="checkbox"/> Did Not Graduate <input type="checkbox"/> Masters Obtained <input type="checkbox"/> Post Masters Obtained <input type="checkbox"/> Other: _____

PROFESSIONAL REFERENCES

Please identify three (3) individuals (current/former supervisors, professors, or advisors) who can attest to your character, reputation, personal qualifications and/or verify the applicant's history of employment or related experience, work record and other qualifications.

DO NOT LIST FRIENDS, RELATIVES OR CO-WORKERS

Name	Occupation, Company	City, State	Phone Number	Relationship

Affirmation & Release

Complete responses to each item must be supplied or the application may not be considered.

I certify that the information I have supplied on this application for employment is true and complete. Any deliberate falsifications, misrepresentations or omissions of fact may be grounds for rejection of my application or dismissal from employment. This application for employment shall be considered active for a one-year period.

I understand that no offer is hereby made, nor is a contract for employment created, by this application. If hired, my employment is at-will and can be terminated at any time with or without notice, for any reason.

If I receive an offer of employment, I also understand that among other conditions, employment with Hillside Family of Agencies and its affiliates is contingent upon the successful completion of pre-employment contingencies which may include, but are not limited to, criminal background checks, NYS/SEL Justice Center check, fingerprinting(s), State Central Register database check, state sex offender registry, Federal Health Care Program Exclusion Screening, DMV driving check, education verification, an entrance medical examination health assessment, a drug screen, and providing the documents required to prove my identity and eligibility to work in the United States. Hillside Family of Agencies has the right to revoke any offer of employment based on the job-related nature of a conviction, failure of the drug-screen, inability to reasonably accommodate a restriction resulting from the entrance medical examination health assessment or failure to successfully meet the required elements of the other contingencies.

Hillside Family of Agencies and its affiliates are authorized to investigate all statements made on my application and to discuss the results of its investigations with those responsible for hiring. Hillside Family of Agencies may also contact my former employer(s) or other persons who can verify information.

I have read and agree to the conditions stated above. I authorize verification of all statements made on this application and release from liability any person or organization providing information to Hillside Family of Agencies and/or its affiliates.

Please Print Name: _____

Signature of Applicant (required): _____ Date: _____

NOTICE TO ALL MARYLAND APPLICANTS:

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THE LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

Signature of Applicant (required): _____ Date: _____