



North East Westchester Special Recreation, Inc.

63 Bradhurst Avenue
 Hawthorne, NY 10532
 Phone: 914-347-4409 | Fax: 914-347-5054
www.northeastsspecialrec.org

APPLICATION FOR EMPLOYMENT

P	Last Name	First	Middle	Home Telephone ()
E	Street Address			Business Telephone ()
R	City, State, Zip			Cell #: ()
S	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and year _____ Location _____			Emergency Contact: ()
O	Position Desired:			Emergency Phone #: ()
N	E-MAIL ADDRESS			Social Security #:
A	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work _____			If under age 18, indicate Working Paper #:
L	Are you legally eligible for employment in the United States?			When will you be available to begin work? _____

E D	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
U C	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
A T	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
I O	Business/Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
N	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

CERTIFICATION: Check all that apply:

List expiration dates:

- CPR (specify what kind) _____
 - First Aid (specify what kind) _____
 - Lifeguard Training (LGT) _____
 - Waterfront Lifeguard Module (WFLG) _____
 - Water Safety Instructor (WSI) _____
 - Instructor Courses (please specify) _____
 - Adaptive Aquatics _____
 - Special Olympics Coach (please specify sport) _____
- Professional Registrations/Certifications: _____

HOBBIES AND SPECIAL INTERESTS:

Please list any hobbies or special interests below. If you have experience teaching your hobby indicate this as well.

BUS DRIVER APPLICANTS ONLY:

License Number; _____ Expiration Date: _____

Class: _____ Endorsements: _____ Restrictions: _____

List all moving violations and dates within the past three years: _____



Justice Center for the Protection of People with Special Needs

Applicant Consent Form for Fingerprinting for Justice Center Criminal Background Check (CBC)

NYS Justice Center for the Protection of People with Special Needs (Justice Center) Criminal Background Check Unit

Part 1. Applicant Information (Please Print)

Last Name:		First Name:	MI:
Date of Birth:	Applicant type: Employee _____ Volunteer _____		Family Care _____ Operator _____
Applicant address, city state:		Social Security Number:	
Facility/Provider Name: North East Westchester Special Recreation, Inc.			

Part 2. Attestation

- I have been advised that as part of the application process, the facility or provider agency listed above must request a background check with the NYS Division of Criminal Justice Services (DCJS) and the Federal Bureau of Investigation (FBI) and the Justice Center must review and evaluate the results received from DCJS and the FBI. A conviction for certain crimes may affect my suitability for employment in this position.
- I consent to having my fingerprints taken and submitted to DCJS and the FBI and consent to the Justice Center sharing with the facility or provider agency listed above a summary of the NYS criminal history information, if any, returned by DCJS, as part of its background investigation of my suitability for employment or volunteer service, or for certification as a natural person operator.
- I have been advised that procedures exist for me to obtain, review and, if necessary, seek correction of my criminal history information pursuant to regulations established by DCJS in 9 NYCRR Part 6050, and the FBI, as applicable.
- I have been advised that I have the right to withdraw my application for employment or volunteer service, or certification as a natural person operator, without prejudice, any time before employment, volunteer service, or certification as a natural person operator is offered or declined, regardless of whether the authorized person of the facility or provider agency has reviewed the summary of any criminal history information.
- I have been advised that the results of the criminal background check forwarded to the Justice Center shall be confidential pursuant to the applicable federal and state laws, rules and regulations, and shall only be disclosed to persons authorized by law. Criminal history information will be considered pursuant to Article 23-A of the NYS Correction Law in making hiring determinations.
- I affirm that the fingerprints submitted will be my own and that the information I have provided is true, complete and accurate.
- I certify to the best of my knowledge that I: (check as appropriate)
 - _____ have not been convicted of a crime.
 - _____ have been convicted of a crime in NY or other jurisdiction.
 - _____ have pending arrest charges.
 If (b) or (c) is checked, provide details: _____

- I have been advised that my social security number is being requested so that the Justice Center may check whether I am on the Staff Exclusion List as required by Social Services Law and will be performed prior to the criminal history information check.

You have not been convicted of a crime if:

- Your conviction was sealed; dismissed; reversed; resulted in a youthful offender (YO) or juvenile delinquency (JD) adjudication; resulted in a conviction for a non-criminal violation offense; or if you were acquitted;
- you received an Adjudgment in Contemplation of Dismissal (ACD) and the adjournment period has elapsed; or
- you withdrew your plea after completing a treatment program, and were not convicted of a felony or misdemeanor.

Applicant Signature		Date:
Guardian signature if under 18		Date:
Part 3	Facility or Provider Agency Authorized Person Information	
Authorized Person Name:		Title:
Signature:		Email:

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
STATEWIDE CENTRAL REGISTER DATABASE CHECK
Agency Use Only

SCR USE ONLY
REQUEST I.D.:

ALL INFORMATION MUST BE COMPLETE. PLEASE PRINT OR TYPE

AGENCY CODE: 241	RESOURCE I.D. (RID) 20914195	CHILD CARE FACILITY SYSTEM (CCFS) NUMBER:	CATEGORY (Use alpha codes on reverse): F	PHONE NUMBER (Area Code): (914) 347-4409
PRINT BELOW THE ADDRESS ASSOCIATED WITH YOUR RID/CCFS NUMBER: AGENCY NAME: North East Westchester Special Recreation, Inc. AGENCY LIAISON: Eleanore Arnemann STREET ADDRESS: 63 Bradhurst Avenue CITY: Hawthorne STATE: NY ZIP CODE: 10532			The particular classifications of persons who must or may be screened are set forth on the reverse side of this document. The alpha codes to complete the "Category" box above, are also on the reverse side of this form. FOR ALL CATEGORIES: Complete the following for yourself, your spouse, your children and any other person(s) in your home at the present time. MAKE SURE YOU COMPLETE ALL MAIDEN NAME/ALIAS/MARRIAGE SECTIONS THAT APPLY. IF NONE, STATE "NONE" List RELATIONSHIP in the fields below. <i>(see reverse side for instructions) Attach additional page if necessary.</i>	

The purpose of collecting the demographic data on *other persons in your household* who are not screened pursuant to Section 424-a of the Social Services Law is to enable the NYS Office of Children and Family Services to identify with the greatest degree of certainty whether the person(s) being screened is the subject of an indicated child abuse or maltreatment report. The utilization of this information in a discriminatory manner is contrary to the Human Rights Law.

APPLICANT/HOUSEHOLD MEMBER AREA

PLEASE TYPE OR PRINT CLEARLY

IF THERE ARE NO OTHER HOUSEHOLD MEMBERS, PLEASE CHECK THIS BOX.

RELATIONSHIP TO APPLICANT	LAST NAME	FIRST NAME	SEX M/F	DATE OF BIRTH		
				mm	dd	yyyy
APPLICANT			<input type="checkbox"/> M <input type="checkbox"/> F			
APPLICANT MAIDEN/ALIAS/MARRIED NAME			<input type="checkbox"/> M <input type="checkbox"/> F			
			<input type="checkbox"/> M <input type="checkbox"/> F			
			<input type="checkbox"/> M <input type="checkbox"/> F			
			<input type="checkbox"/> M <input type="checkbox"/> F			
			<input type="checkbox"/> M <input type="checkbox"/> F			
			<input type="checkbox"/> M <input type="checkbox"/> F			
			<input type="checkbox"/> M <input type="checkbox"/> F			
			<input type="checkbox"/> M <input type="checkbox"/> F			

Please provide your current address and any other addresses at which you have resided for the last 28-years, including street, street number, city and state. For Adoption, Foster Care, Family and Group Family Day Care and legally-exempt Family Child Care, also include the same address history for household members 18 years of age or older.

CURRENT STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM (Mo/Yr) /	TO (Mo/Yr) /
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM (Mo/Yr) /	TO (Mo/Yr) /
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM (Mo/Yr) /	TO (Mo/Yr) /
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM (Mo/Yr) /	TO (Mo/Yr) /
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM (Mo/Yr) /	TO (Mo/Yr) /

I affirm that all the information provided on this form is true to the best of my knowledge. I understand that if I knowingly give false statements, such action could be grounds for denial or dismissal from employment or denial or revocation of a license, certificate, permit, registration or approval.

APPLICANT'S SIGNATURE	DATE (mm/dd/yyyy) / /	APPLICANT'S SIGNATURE	DATE (mm/dd/yyyy) / /
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EIGHTEEN-YEARS OF AGE OR OLDER:

I understand that as a person 18 years of age or older in a home of an applicant to become an Adoptive or a Foster Parent or a Family or Group Family Day Care provider or a legally-exempt family child care provider, the information I have provided will be used to inquire of the Statewide Central Register to determine if I am the subject of an indicated report of child abuse or maltreatment.

SIGNATURE	DATE (mm/dd/yyyy) / /	SIGNATURE	DATE (mm/dd/yyyy) / /
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Fingerprinting Registration Fact Sheet

Thank you for your interest in North East Westchester Special Recreation, Inc. As an agency that is certified by the Office for People with Developmental Disabilities, we are required to fingerprint our staff who have direct contact with our participants.

For this reason, you will need to make an appointment for fingerprinting by doing the following:

- Log on to: <https://uenroll.identogo.com/workflows/1547ZH>
- Click on Schedule or Manage an Appointment
- Next you will be asked for the Agency Provider Number which is 24110
- Click "Yes"
- Click "Yes, I certify that the Staff Exclusion List has been completed".
- Next select Direct Service Provider, New Hire, Direct Care
- Job Description: To assist Recreation Therapists in providing recreation programming for children and adults with developmental disabilities.
- Enter your zip code
- Next select a location, date and time for your fingerprinting.
- Enter demographic information requested and click "send information".
- Select the ID type that you will bring to the appointment and select Go.
- Please print the Registration Complete page and bring it to the appointment. The Registration ID number is located on the bottom right of the Registration Complete screen.

Reminder: Bring to the appointment

Registration Complete Page with the Registration ID Number and one form of photo ID that you selected during the registration process. Please return the receipt of fingerprinting to the office after your visit.