



357 MAIN STREET, 2<sup>ND</sup> FLOOR  
 P.O. BOX 419  
 ARMONK, NY 10504

**APPLICATION FOR EMPLOYMENT**

**POSITION APPLIED FOR:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**NAME:** \_\_\_\_\_

(Print)

LIST ANY OTHER NAME BY WHICH YOU MAY HAVE BEEN KNOWN: \_\_\_\_\_

**LEGAL ADDRESS:**

STREET ADDRESS \_\_\_\_\_

APT. # \_\_\_\_\_

CITY/TOWN/VILLAGE \_\_\_\_\_

STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

HOME TELEPHONE # ( ) \_\_\_\_\_

CELLULAR TELEPHONE # ( ) \_\_\_\_\_

EMAIL \_\_\_\_\_

ARE YOU OVER THE AGE OF 18?  YES  NO

HAVE YOU EVER APPLIED TO OR WORKED FOR OPENGATE, INC.?  
 YES  NO

HAVE YOU EVER BEEN TERMINATED FROM EMPLOYMENT?  
 YES  NO

DO YOU HAVE THE RIGHT TO WORK IN THE UNITED STATES?  YES  NO

**FEDERAL LAWS REQUIRE THAT EMPLOYERS HIRE ONLY INDIVIDUALS WHO ARE AUTHORIZED TO BE LAWFULLY EMPLOYED IN THE UNITED STATES. IN COMPLIANCE WITH SUCH LAWS, OPENGATE, INC. WILL VERIFY THE STATUS OF EVERY INDIVIDUAL OFFERED EMPLOYMENT WITH THE COMPANY. IN THIS CONNECTION, ALL OFFERS OF EMPLOYMENT ARE SUBJECT TO VERIFICATION OF THE APPLICANT'S IDENTITY AND EMPLOYMENT AUTHORIZATION AND IT WILL BE NECESSARY FOR YOU TO SUBMIT SUCH DOCUMENTS AS ARE REQUIRED BY LAW TO VERIFY YOUR IDENTIFICATION AND EMPLOYMENT AUTHORIZATION UPON EMPLOYMENT.**

**EDUCATION:**

HIGH SCHOOL NAME & LOCATION \_\_\_\_\_ GRADUATE  YES  NO

COLLEGE NAME & LOCATION \_\_\_\_\_ GRADUATE  YES  NO

DEGREE RECEIVED \_\_\_\_\_

GRADUATE SCHOOL \_\_\_\_\_ GRADUATE  YES  NO

DEGREE RECEIVED \_\_\_\_\_

OTHER EDUCATION (GED, VOCATIONAL, TRADE) \_\_\_\_\_

**MILITARY EXPERIENCE:**

HAVE YOU EVER SERVED IN THE UNITED STATES MILITARY SERVICE  YES  NO  
BRANCH OF SERVICE FROM \_\_\_\_\_ TO \_\_\_\_\_ RANK \_\_\_\_\_

**LICENSES & CERTIFICATIONS**

**MOTOR VEHICLE:**

DO YOU HAVE A VALID & CURRENT NEW YORK STATE DRIVER'S LICENSE: \_\_\_\_\_  YES  NO

CLASS OF LICENSE: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_ EXPIRES (date): \_\_\_\_\_

HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? \_\_\_\_\_  YES  NO

GIVE DETAILS: \_\_\_\_\_

WHILE DRIVING, HAVE YOU EVER BEEN INVOLVED IN AN OCCURRENCE/ACCIDENT

CAUSING HARM TO HUMAN BEINGS OR TO PROPERTY: \_\_\_\_\_  YES  NO

GIVE DETAILS: \_\_\_\_\_

\_\_\_\_\_

**PROFESSION OR TRADE:**

IF YOU ARE LICENSED OR CERTIFIED TO ENGAGE IN A PROFESSION OR TRADE COMPLETE:

CLASS OF LICENSE/PERMIT: \_\_\_\_\_ LICENSE/CERTIFICATE NUMBER: \_\_\_\_\_

ISSUED BY: \_\_\_\_\_ EXPIRES: \_\_\_\_\_

ATTENDANCE AT SCHEDULED IN-SERVICE TRAINING SESSIONS IS MANDATORY AT OPENGATE, INC.

WILL YOUR ATTENDANCE AT THESE SESSIONS PRESENT A PROBLEM FOR YOU?  YES  NO

**STATE THE NAMES OF RELATIVE (S) EMPLOYED BY OPENGATE, INC.:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**YOU ARE REQUIRED TO PROVIDE TWO PERSONAL REFERENCES, OTHER THAN RELATIVES, WHO CAN ATTEST TO YOUR CHARACTER, REPUTATION AND PERSONAL QUALIFICATIONS:**

NAME: \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

VERIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

## WORK EXPERIENCE

**LIST ALL EMPLOYMENT EXPERIENCE. BEGIN WITH MOST CURRENT/MOST RECENT POSITION**

|   |
|---|
| EMPLOYMENT DATES: FROM _____ TO _____ HRS. PER WEEK _____ |
| EMPLOYER'S NAME _____                                     |
| JOB TITLE _____   |
| ADDRESS _____   |
| DUTIES _____  |
| REASON(S) FOR LEAVING _____                               |
| SUPERVISOR'S NAME & TITLE _____ TELEPHONE # _____         |

|   |
|---|
| EMPLOYMENT DATES: FROM _____ TO _____ HRS. PER WEEK _____ |
| EMPLOYER'S NAME _____                                     |
| JOB TITLE _____   |
| ADDRESS _____   |
| DUTIES _____  |
| REASON(S) FOR LEAVING _____                               |
| SUPERVISOR'S NAME & TITLE _____ TELEPHONE # _____         |

|   |
|---|
| EMPLOYMENT DATES: FROM _____ TO _____ HRS. PER WEEK _____ |
| EMPLOYER'S NAME _____                                     |
| JOB TITLE _____   |
| ADDRESS _____   |
| DUTIES _____  |
| REASON(S) FOR LEAVING _____                               |
| SUPERVISOR'S NAME & TITLE _____ TELEPHONE # _____         |

|   |
|---|
| EMPLOYMENT DATES: FROM _____ TO _____ HRS. PER WEEK _____ |
| EMPLOYER'S NAME _____                                     |
| JOB TITLE _____   |
| ADDRESS _____   |
| DUTIES _____  |
| REASON(S) FOR LEAVING _____ TELEPHONE # _____             |
| SUPERVISOR'S NAME & TITLE _____                           |

|                                |                    |               |
|--------------------------------|--------------------|---------------|
| <b>INTERVIEWER'S COMMENTS:</b> |                    |               |
| _____                          |                    |               |
| _____                          |                    |               |
| _____                          |                    |               |
| _____<br>INTERVIEWER           | _____<br>SIGNATURE | _____<br>DATE |

PLEASE NOTE THAT SHOULD A CONDITIONAL OFFER OF EMPLOYMENT BE EXTENDED TO YOU, SUCH CONDITION MAY INCLUDE VERIFICATION AS TO WHETHER YOU HAVE EVER BEEN CONVICTED OF OR IS THERE ANY CRIMINAL ACTION PENDING AGAINST YOU PERTAINING TO A FELONY, MISDEMEANOR, OR VIOLATION OF LAW, INCLUDING A SEX-RELATED OFFENSE OR CHILD ABUSE.

PLEASE NOTE THAT SHOULD A CONDITIONAL OFFER OF EMPLOYMENT BE EXTENDED TO YOU, SUCH CONDITION MAY INCLUDE VERIFICATION AS TO WHETHER YOU HAVE EVER BEEN INVOLVED IN SUBSTANTIATED ALLEGATIONS OF SEX-RELATED OFFENSES, OR ABUSE OR NEGLECT OF A CHILD OR ADULT.

**A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. THIS INFORMATION WILL BE USED ONLY FOR JOB RELATED PURPOSES AND ONLY TO EXTENT PERMITTED BY LAW.**

**AN OFFER OF EMPLOYMENT IS CONDITIONAL AND SUBJECT TO BACKGROUND CHECKS THAT WILL INCLUDE REFERENCE CHECKS, OPWDD FINGERPRINTING & DRUG TESTING CLEARANCE & FUNDING APPROVAL.**

I HEREBY APPLY FOR EMPLOYMENT WITH OPENGATE, INC. I UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE CONDITIONAL PENDING RESULTS OF MEDICAL TESTING, REVIEW OF REFERENCES, BACKGROUND AND DRIVER'S LICENSE CHECKS AND THE TESTING FOR THE USE OF ILLEGAL DRUGS. BY SIGNING THIS APPLICATION I AGREE TO AUTHORIZE OPENGATE, INC. TO CONDUCT SUCH TESTS AND INQUIRIES. BY SIGNING THIS APPLICATION, I CERTIFY THAT ALL OF THE FOREGOING STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE. ANY FALSE STATEMENTS OR WILLFUL OMISSIONS MADE BY ME IN THIS APPLICATION MAY CAUSE EITHER MY REJECTION FOR EMPLOYMENT OR, IF HIRED, DISMISSAL FROM EMPLOYMENT. I FURTHER UNDERSTAND THAT IF HIRED MY EMPLOYMENT STATUS WILL BE AS AN EMPLOYEE-AT-WILL AND THAT AS AN EMPLOYEE -AT-WILL OPENGATE, INC. MAY TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE OR NOTICE.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FOR OFFICE OF HUMAN CAPITAL SERVICE USE**

HIRED  
DATE OFFERED POSITION: \_\_\_\_\_ POSITION TITLE: \_\_\_\_\_  
JOB CLASS: FT / PT / PER DIEM ASSIGNED PROGRAM TO: \_\_\_\_\_  
SCHEDULE (DAYS, HOURS): \_\_\_\_\_  
HOURLY SALARY: \_\_\_\_\_ ANNUAL SALARY: \_\_\_\_\_ BI-WEEKLY SALARY: \_\_\_\_\_  
BASE HOURLY RATE: \_\_\_\_\_ EXPERIENCED HOURLY RATE: \_\_\_\_\_ DIFFERENTIAL HOURLY RATE: \_\_\_\_\_  
**ID/DD EXPERIENCE FOR DETERMINING RATE OF PAY:** NUMBER OF YEARS: \_\_\_\_\_ MONTHS: \_\_\_\_\_  
**SALARY REVIEW ON THE FOLLOWING DATE:** \_\_\_\_\_ **ORIENTATION/HIRE DATE:** \_\_\_\_\_  
 NOT SELECTED (WHY): \_\_\_\_\_  
HUMAN CAPITAL RESOURCES: \_\_\_\_\_ DATE: \_\_\_\_\_