

# EMPLOYMENT APPLICATION PART 1 – PRE-INTERVIEW

Vista on 5th is an equal opportunity/affirmative action employer. NYS Law prohibits discrimination because of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status, domestic violence victim status, carrier status, gender identity or prior conviction records, or prior arrests, youthful offender adjudications, or sealed records unless based upon a bona fide occupational qualification or other exception.

If you are a person with a disability and wish to request that a reasonable accommodation be provided for you to participate in a job interview, please contact: Human Resources at 212-534-6464 ext. 5113 or [juan.sanchez@vistaon5th.org](mailto:juan.sanchez@vistaon5th.org)

## IDENTIFYING INFORMATION

Please read all instructions carefully. All pages of this application must be completed, and the application signed. If you need additional space, please use the ADDITIONAL REMARKS section. Applicants may be required to complete additional components of the Employment Application as directed by HR. **Filling out an application does not guarantee an interview for the position.**

Name: \_\_\_\_\_ XXX/XX/ \_\_\_\_\_  
 SSN (Last 4 digits only)

Current Mailing/Street Address: \_\_\_\_\_ ( ) \_\_\_\_\_  
 Home Phone

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address: \_\_\_\_\_ ( ) \_\_\_\_\_  
 Cell Phone

Permanent Address (if different from above) \_\_\_\_\_  
 \_\_\_\_\_

List any other names by which you have been known: \_\_\_\_\_

## APPLICANT INFORMATION

1. All candidates must be eligible for employment in the United States and maintain this eligibility throughout their employment with Vista. Employment is contingent upon the provision of proof of the right to accept employment in the United States.
  - a. Are you legally authorized to work in the United States? Yes No
  - b. Will you now, or in the future, require sponsorship for employment visa status? Yes No
  - c. If under age 18, can you provide a work permit? Yes No N/A

### COMPLETE PART 2 ONLY IF YOU ARE APPLYING FOR A POSITION THAT WILL REQUIRE TRAVEL AND/OR OPERATION OF A MOTOR VEHICLE

2. Certain positions may require extensive travel within a designated area of assignment; to otherwise travel in areas that may not be served by public transportation; and/to routinely operate a motor vehicle.  
 For positions requiring operation of a motor vehicle or heavy equipment, appointees must possess a driver license valid in NYS at the time of appointment and continuously thereafter. Candidates who do not possess a driver license valid in NYS must be able to demonstrate their capacity to meet the transportation needs of the job at the time of interview.
  - a. Do you currently have a valid driver license that allows you to operate a motor vehicle in New York State? Yes No
  - b. If yes, please select your license class: CDL A B C D E Other (specify) \_\_\_\_\_  
 Licensing state : \_\_\_\_\_ License Number: \_\_\_\_\_
  - c. For commercial Driver License (CDL) holders, please list your endorsements or restrictions:
  - d. Have you ever had your driver license revoked or suspended? Yes No N/A  
 If yes, please explain:  
 \_\_\_\_\_

**COMPLETE PART 3 IF YOU ARE APPLYING FOR A POSITION REQUIRING A LICENSE/CERTIFICATION (RN, LPN, PCA, ETC.)**

3. For some positions, professional licensure, registration, certification, or other authorization to practice a trade or profession is required. Applicants claiming these credentials will be required to provide proof as a part of the screening process. If you are required to possess such credentials for the position you are applying for, please complete the following questions:
- a. Name of Trade or Professional License/Certificate: \_\_\_\_\_  
 License No: \_\_\_\_\_ Issued by: \_\_\_\_\_ Issued Date: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ Registration Date: \_\_\_\_\_  
 Registration Expiration Date: \_\_\_\_\_ Type/Specialty: \_\_\_\_\_
  - b. Do you have any conditional limitations or restrictions on your ability to Yes                  No                  N/A
  - c. Has your license/certification/registration ever been revoked? Yes                  No                  N/A
  - d. If yes to 3b or 3c, please specify in detail:  
 \_\_\_\_\_

**POTENTIAL FOR CONFLICT OF INTEREST**

4. Please provide the names of any relative(s) employed by Vista on 5th. For the purposes of this application, a “relative” is defined as a person living in the same household, parents, grandparents, spouse, siblings, children, aunts, uncles, nieces, nephews, and in-laws.  
 Relative Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
 Check here if you have no relative(s) employed by the agency with which you are seeking employment.
5. Please provide the names of any entity (Business or Vendor) or describe any connection you have to any entity doing business with Vista on 5th.  
 Name of Entity with which you have a connection: \_\_\_\_\_  
 Describe the connection and any relationship to you: \_\_\_\_\_  
 Check here if you have no relationship or connection to any entity doing business with Vista on 5th.

**JOBS INTEREST AND EMPLOYMENT AVAILABILITY**

6. Type of work or position desired: \_\_\_\_\_
7. Some positions require different work schedules. Please indicate which schedules you would be able to perform:
- | Hours      | Ability to Work |    | Schedule       | Ability to Work |    | Duration    | Ability to |    |
|------------|-----------------|----|----------------|-----------------|----|-------------|------------|----|
|            | Yes             | No |                | Yes             | No |             | Yes        | No |
| Shift Work |                 |    | Saturday hours |                 |    | Permanent   |            |    |
| Overtime   |                 |    | Sunday hours   |                 |    | Temporary   |            |    |
|            |                 |    | Full-time      |                 |    | Seasonal    |            |    |
|            |                 |    | Part-time      |                 |    | Summer Only |            |    |
|            |                 |    | Per diem       |                 |    | Winter Only |            |    |
8. If offered a position within the organization, when would you be available for work? \_\_\_\_\_

**EDUCATION**

Applicants may be required to provide proof of diploma and/or degrees claimed.

School	Name/Location	Credits	Diploma or Degree Received	Courses of Study (Major/Minor)
High School				
Equivalency Program	Issued by: _____			Number: _____
Vocational or Technical Schools				
Colleges or Universities				
Other Training or Military Schools				

**EMPLOYMENT AND EXPERIENCE**

Please list all periods of employment, beginning with the most recent, and include all prior experiences with any other agency. You must include all concurrent employment. Resumes will not be accepted in lieu of completing this Section. If you need extra space please attach additional sheets. We reserve the right to contact any or all of your employers to verify the information provided.

Name of Present or Last Employer: \_\_\_\_\_ Date Employed: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Your Title and Duties: \_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_

If this is your current employer, when may we contact them? \_\_\_\_\_

Name of Present or Last Employer: \_\_\_\_\_ Date Employed: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Your Title and Duties: \_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_

If this is your current employer, when may we contact them? \_\_\_\_\_

Name of Present or Last Employer: \_\_\_\_\_ Date Employed: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Your Title and Duties: \_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_

If this is your current employer, when may we contact them? \_\_\_\_\_

If offered a position with us, will you also intern, volunteer or maintain employment concurrently elsewhere?

Yes No

Please note that if you intend to maintain other employment while employed by us, you may need approval from your other agency.

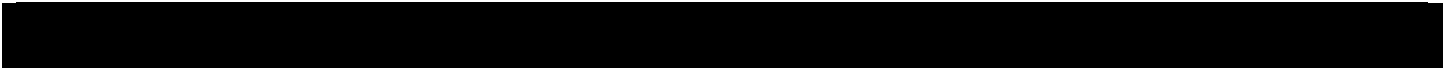
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_

\_\_\_\_\_ Email Address: \_\_\_\_\_

I affirm that all statements made by me on this form, including attached papers, are true, complete and correct to the



best of my knowledge. I understand all statements made by me in connection with this application are subject to investigation and verification and that falsification or omission of information is cause for the revocation of offer of employment or dismissal from employment. I understand that knowingly making a false statement on this application or any attachment or supporting document is punishable as a misdemeanor pursuant to Section 210.45 of the NYS Penal Law.

I hereby authorize any former or current employer, military records center, or school to provide Vista on 5th and/or the hiring authority any and all information necessary to reach an employment decision including, but not limited to, information regarding my job duties, attendance, behavior, work habits, skills, abilities, claims, liabilities, damage, and relationships with coworkers, customers or supervisors.

Signature:

Date:

**Personal Privacy Protection Law Notification**

The information you are providing on this application is being requested for the principal purpose of determining eligibility for initial and continued employment. The information may also be used in administering employee benefit programs and will be used in accordance with Section 96(1) of the Personal Privacy Protection Law. Failure to provide the requested information may hinder your possible hiring and subsequent administration of your employee benefits.

Vista on 5th is a state regulated organizations. Employment is offered and given based on applicant skills, resume, job references and interview process. However, the New York State Department of Health requires Licensed Home Care Service Agencies (LCHSA) providers under Article 28 and 36 of the Public Health Law (PHL) to conduct Criminal History Background Check for all non-licensed direct care employee applicants as part of the pre-employment screening. This requires fingerprinting all subject employee applicants and submitting to the State Division of Criminal Justice Services (DCJS), which then forwards a record of the applicant's criminal history to the NYS Department of Health CHRC unit.

Upon receipt of the employee applicants' criminal history record information, the CHRC unit determines whether the applicant is suitable for employment pursuant to the statutory criteria set forth in the Executive Law Section 845-b.