

**Buffalo Psychiatric Center
400 Forest Avenue
Buffalo NY 14213-1298**

APPLICATION FOR EMPLOYMENT

It is the policy of the New York State Office of Mental Health to provide an equal employment opportunity to all people without regard to any of the categories protected by non-discrimination in employment laws.

INSTRUCTIONS: All questions are to be answered by the applicant. False statements may be grounds for dismissal.

A. PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Social Security Number
Residence — Street Address			Home Telephone Number
			Business/Cell Telephone Number
City/Town/Village	State	Zip Code	Email Address

B. POSITION(S) DESIRED (If Known)

Position(s):	Date Available	Are you available for full time work? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you on a state civil service list for the position for which you are applying? <input type="checkbox"/> YES <input type="checkbox"/> NO
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C. EMPLOYMENT HISTORY (Start with Most Recent/Current Employment)

Please print any other name you have used (i.e. name change, assumed name, nick name, etc.):

May we contact your current employer for a reference? YES NO NOT APPLICABLE

From (Mo/Yr):	Name of Employer	Title
To (Mo/Yr):		
Salary:	Employer's Address:	
Hrs/Week:	Name of Supervisor	Supervisor's Phone #
Reason for Leaving		
Duties:		

From (Mo/Yr):	Name of Employer	Title
To (Mo/Yr):		
Salary:	Employer's Address:	
Hrs/Week:	Name of Supervisor	Supervisor's Phone #
Reason for Leaving		
Duties:		

From (Mo/Yr):	Name of Employer	Title
To (Mo/Yr):		
Salary:	Employer's Address:	
Hrs/Week:	Name of Supervisor	Supervisor's Phone #
Reason for Leaving		
Duties:		

D. ADDITIONAL INFORMATION (Answer all questions)

1. Are 18 years of age or older? <input type="checkbox"/> YES <input type="checkbox"/> NO
2. Are you a citizen of the United States or do you have the legal right to accept employment in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO
3. Do you possess a current driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, License No: _____ State: _____ Expiration: _____
4. Are you an exempt volunteer firefighter, as defined in Section 200 General Municipal Law? <input type="checkbox"/> YES <input type="checkbox"/> NO
5. Have you previously applied to this facility/agency for employment? <input type="checkbox"/> YES <input type="checkbox"/> NO
6. Have you ever been employed by, or do you currently work for, another NY State agency? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, Agency name: _____ Employment Dates: From _____ To _____ Note: If you currently work for another State Agency and intend to continue that employment if you become employed by OMH, a Dual Employment Form must be approved by your primary agency and filed with the Office of the NYS Comptroller.
7. Do you intend to maintain other employment while employed with the Office of Mental Health? <input type="checkbox"/> YES <input type="checkbox"/> NO Note: If you become employed by OMH, you will need approval to continue your outside employment and must complete a separate Approval of Outside Employment form.
8. Are you currently a member of the NYS Retirement System or any other public Retirement System within NYS? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please note the name of the Retirement System: _____
9. Do you have any personal or family relationships with a current employee of the Office of Mental Health? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, name of the person and relationship: _____ (A yes answer does not preclude employment. Personal and family relationship is defined as a person living in the same household, parents, grandparents, spouse, siblings, children, aunts, uncles, nieces, nephews, in-laws.)
10. Have you ever been discharged from employment except for lack of work, funds, disability or medical condition? * <input type="checkbox"/> YES <input type="checkbox"/> NO
11. Have you ever resigned from any employment in lieu of disciplinary action or termination? * <input type="checkbox"/> YES <input type="checkbox"/> NO
12. Do you have an arrest or criminal accusation currently pending against you? * <input type="checkbox"/> YES <input type="checkbox"/> NO
13. Except for minor traffic violations, have you ever been convicted of a criminal offense (Felony or Misdemeanor)? * <input type="checkbox"/> YES <input type="checkbox"/> NO *Answering YES may or may not preclude employment depending on the nature of the criminal offense, its relationship to the position sought, and other factors that must be considered before employment may be lawfully denied based on prior convictions. You should answer NO if: a. Your conviction (felony, misdemeanor, or violation) was sealed by a court, or b. The criminal action or proceeding was terminated in your favor, e.g. was dismissed, you received an Adjournment in Contemplation of Dismissal and the adjournment period has elapsed, you were acquitted, or c. The proceeding on the criminal offense resulted in a youthful offender adjudication or juvenile delinquency finding which has been sealed/expunged pursuant to the Family Court Act, or d. After completing a treatment program, your plea to a felony or a misdemeanor was withdrawn and you were resentenced to a violation which was sealed by the court or the completion of the program resulted in a dismissal of all charges by the court.
*A yes answer is not an automatic bar to employment. If you answered yes, please describe and provide an additional explanation and information in Section E, Remarks, below. Each response will be reviewed on an individual basis in relation to the specific job for which you are applying. Failure to disclose a prior conviction that does not meet the criteria above may result in denial of employment based on falsification of the employment application.

E. REMARKS (Attach additional sheets if necessary)

F. PROFESSIONAL REFERENCES (Not Relatives)

Name	Address	Phone
Name	Address	Phone

G. EDUCATION

Circle highest grade completed 01 02 03 04 05 06 07 08 09 10 11 12 College: 01 02 03 04 04+

Do you have a High School Equivalency Diploma? YES (If YES, specify issuing body and number below.) NO

SCHOOL	NAME	CITY AND STATE	DIPLOMA OR DEGREE RECEIVED	DATE RECEIVED	MAJOR/ GED #
High School or H.S. Equivalency					
Graduate School or Additional Training					
College, Technical or Business School					

H. MILITARY SERVICE

Check Veterans' Status: Non-Veteran Veteran Disabled War Veteran

If you are a veteran: Branch _____ Dates: From _____ To _____

Are you claiming Veteran's Credits? YES NO If YES, and you are hired, you will be required to furnish a copy of your DD214.

Did you receive an honorable discharge?* YES NO (*A NO answer is not an automatic bar to employment. Each response will be reviewed on an individual basis in relation to ability to perform job duties. Explain in "Remarks" on page 2.)

I. LICENSES, if applicable

If a license, certificate, registration or other authorization to practice a trade or profession is required for the position for which you are applying, complete the following questions.

Do you have professional license(s), certificate(s), or registration(s)? YES NO If YES, please list below:

PROFESSION OR TRADE	GRANTING AGENCY	DOCUMENT NUMBER	DATE ISSUED	DATE EXPIRES

PROFESSION OR TRADE	DATE ISSUED	DATE EXPIRES

LICENSE(S) FOR WHICH YOU ARE ELIGIBLE:

Are there limitations on your practice or license(s)? YES NO (Explain under "MISCELLANEOUS" BELOW)

Have you ever been found guilty of unprofessional conduct, professional misconduct, or negligence in any profession? YES NO (Explain under "MISCELLANEOUS" BELOW)

Are charges now pending against you for unprofessional conduct, or negligence in any profession? YES NO (Explain under "MISCELLANEOUS" BELOW)

Have you ever surrendered any license in lieu of disciplinary procedures? YES NO (Explain under "MISCELLANEOUS" BELOW)

J. MISCELLANEOUS

List any professional honors received, works published, or other professional accomplishments.

FOR OFFICE USE ONLY

Processing	Test	Assignment
References	Score	Title
Interview Date	Physical Date	Item Number
Interviewed by	Starting Date	

APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION

In connection with my application for employment, I authorize my present and former employers and any educational, professional, or licensing entities to respond to a request from:

OMH Facility Name

to provide information regarding qualifications or employment history. This authorization releases the parties involved from any liability arising from the exchange of information regarding qualifications or employment history.

Applicant's Name (please print)

Signature

Date

Background Investigation and Fees

I understand I will be fingerprinted and that a complete Criminal Background Check (CBC) will be conducted. If required, I understand that my name will be checked against the Staff Exclusion List (SEL) maintained by the Justice Center for the Protection of People with Special Needs, and that I may be screened against the Statewide Central Register of Child Abuse and Maltreatment (SCR) prior to employment. I agree to pay the required fees.

Signature

Date

Terms and Conditions of Employment

If I accept an offer of employment, I agree to the following: treat patients with kindness and consideration; to report improper treatment of patients; to follow established rules and regulations; to work any assigned shift on any day, including overtime as necessary; to take necessary immunization against contagious diseases, to apply for and obtain an NPI number where required, and to permit the inspection of my belongings and containers by proper facility authorities, when deemed appropriate.

I understand that in order to be eligible for initial appointment and to maintain my employment, I cannot be listed as an excluded individual or entity on any of the federal and/or State Medicaid and Medicare exclusion lists (or excluded from any other Federal or federally assisted program). If I am appointed and subsequently listed as an excluded individual or entity on any of these lists (or excluded from any other federal or federally assisted program), I understand I may be terminated from my employment.

Signature

Date

Certification

I certify that the statements I have made in this application and any attachments are true, complete, and correct. I understand all statements made by me in connection with this application are subject to investigation and verification. I understand any omission, material misstatement or fraudulent representation may disqualify me from appointment and/or lead to revocation of my appointment.

Signature

Date

Personal Privacy Law Notification: The information you are providing on this application is requested by the Office of Mental Health for the purpose of determining eligibility for initial employment and continued employment and in administering employee benefit programs. This information will be maintained by Central Office Personnel Services or in the facility personnel office where you are applying for employment. This information is collected and maintained pursuant the Civil Service Law and Article 6-A of Public Officers Law. Failure to provide the requested information may hinder your possible hiring and the subsequent administration of your employee benefits.