

Transitional Living Services

Of Onondaga County, Inc
420 E. Genesee St., Syracuse, New York 13202
Phone: (315) 478 - 4151

TLS is a not-for-profit agency committed to a process of enabling persons with disabilities to reach their fullest potential, to live and work as valued and involved community members. TLS residential programs include homes and apartments throughout the county, each of which is designed to meet the specific needs of its occupants. TLS also offers community out-reach programs to participants and non-participants, follow-up services, planned respite, family workshops and vocational support.

NAME: _____ DATE: _____

ADDRESS (include city & zip code) _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

POSITION APPLIED FOR: _____

REFERRED BY: _____

Have you ever worked at TLS before? Yes No If yes, please give dates and position held _____

Have you ever applied to this agency before? Yes No If Yes, when? _____

Are you legally eligible for employment in the United States? Yes No
(Proof of citizenship or immigration status will be required upon employment)

Are you 18 years of age or older? Yes No

EDUCATIONAL BACKGROUND

	Name of School	City, State	Major	Degree/Diploma
High School				
				Did you graduate?
College/ University				
				Did you graduate?
College/ University				
				Did you graduate?
Other				
				Did you graduate?

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1. Do you have a valid New York State driver's license? Yes No
 2. List any traffic infractions/moving violations including vehicle accidents for the last three years:

 3. List any suspensions, revocations, DWI/DWAI, convictions and any incident which resulted in harm to any person or property: _____

 4. Are there any pending criminal charges against you in any jurisdiction? Yes No
 If yes, please provide details. _____

 5. Have you ever been convicted of a felony or misdemeanor? Yes No
 (conviction will not necessarily disqualify applicant from consideration)
 If yes, please provide details. _____

 6. Have you ever been the subject of an investigation, or convicted of patient abuse, or fraud or abuse relating to healthcare or the delivery of health care, including but not limited to, Medicare or Medicaid fraud?
 Yes No If yes, please provide details. _____

EMPLOYMENT HISTORY

- Have you ever been terminated or asked to resign from any job? Yes No
 If yes, please explain circumstances: _____

PLEASE COMPLETE THIS SECTION EVEN IF A RESUME IS ATTACHED
 Start with the most recent employer. Include full time, part time and summer employment.

Last or Present Employer _____	Phone Number _____
Address _____	Employed (Month & Year) From _____ To _____
Supervisor's Name and Title _____	Reason for Leaving _____
State Job Title and Brief Summary of Job Duties _____ _____ _____ _____	

Name of Employer	Phone Number
Address	Employed (Month & Year) From _____ To _____
Supervisor's Name and Title	Reason for Leaving
State Job Title and Brief Summary of Job Duties _____	

Name of Employer	Phone Number
Address	Employed (Month & Year) From _____ To _____
Supervisor's Name and Title	Reason for Leaving
State Job Title and Brief Summary of Job Duties _____	

Name of Employer	Phone Number
Address	Employed (Month & Year) From _____ To _____
Supervisor's Name and Title	Reason for Leaving
State Job Title and Brief Summary of Job Duties _____	

Name of Employer	Phone Number
Address	Employed (Month & Year) From _____ To _____
Supervisor's Name and Title	Reason for Leaving
State Job Title and Brief Summary of Job Duties _____	

Please leave no unexplained gaps. Attach a separate sheet if necessary. We may contact the employers listed above unless you indicate those you do not want to be contacted. _____

ADDITIONAL REFERENCES

List name, complete address and daytime phone number of two personal references who are not related to you.

Personal Reference Name: _____

Address: _____

Daytime phone number: _____ Number of Years Known: _____

Personal Reference Name: _____

Address: _____

Daytime phone number: _____ Number of Years Known: _____

OTHER TRAINING: (Please include relevant education or training regarding care of, or services to, individuals with developmental disabilities, traumatic brain injuries and/or psychiatric diagnoses). _____

VOLUNTEER and/or INTERNSHIP EXPERIENCES _____

SPECIAL SKILLS , TALENTS, HOBBIES

Please include relevant hobbies or interests which would indicate your familiarity with a network of activities which may be useful as you assist persons to become integrated into the community) _____

CERTIFICATION AND AGREEMENT

I understand this employment application is not to be construed as a guarantee of employment for a specific time. I further understand that, should I become employed, my employment with the organization does not constitute any form of contract, implied or expressed, and such employment will be terminable at will either by myself or my employer upon notice of one party to the other. My continued employment would be dependent on satisfactory performance and the continued need for my services as determined by the organization.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is a cause for immediate dismissal. I further acknowledge that I may be subject to a criminal background investigation which may include fingerprinting.

I agree to follow the personnel policies of the agency and understand that these personnel policies may be changed without prior notice to me.

REQUEST AND RELEASE FOR INFORMATION: I hereby authorize Transitional Living Services to contact the employers and references designated on my application. Photographic copies of this release shall be as valid as the original.

Print Name: _____

Signature: _____

Date: _____

TLS does not accept faxes of applications. Applications that are incomplete will not be considered.

TLS IS AN EQUAL OPPORTUNITY EMPLOYER

