

## **Application for Employment**

FLACRA is an Equal Opportunity and EEO/Affirmative Action Employer committed to excellence. Employment offers are made on the basis of qualifications and without regard to creed, ethnicity, citizenship, sexual orientation, national origin, sex, gender, pregnancy, disability, marital status, political or social affiliation, age, race, color, veteran status, military status, religion, sexual orientation, domestic violence status, genetic information, gender identity, gender expression or perceived gender, or any other applicable protected class, status or activity recognized by federal, state or local law.

**PLEASE TYPE OR PRINT.** Complete the entire application. You may attach a resume, but you must still complete all questions or your application will be deemed incomplete and may not be considered. Please fill out each box.  
(Do not just indicate "See Resume.")

|                                                                                                                                                                                                                                                                                                                    |                                                          |                                                            |              |                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------|--------------|--------------------------------------------------------------------|
| Position Applying For:                                                                                                                                                                                                                                                                                             | Name (Last, First, Middle):                              |                                                            |              | Other names under which you have attended school or been employed: |
| Street Address:                                                                                                                                                                                                                                                                                                    |                                                          | City, State & Zip:                                         |              |                                                                    |
| Social Security Number:                                                                                                                                                                                                                                                                                            | Home Phone:                                              | Work Phone:                                                | Other Phone: |                                                                    |
| Are you eligible to work in the United States?                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you 18 years of age or older?                          |              |                                                                    |
| Have you ever been employed by FLACRA?                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No | If YES, dates of employment & reason for leaving:          |              |                                                                    |
| Are you related to any current FLACRA employees or clients?                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No | If YES, name & relationship to you:                        |              |                                                                    |
| Do you have a valid driver's license?                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No | If YES, State of issuance, license #, and expiration date: |              |                                                                    |
| How did you learn about this employment opportunity at FLACRA? Check all that apply                                                                                                                                                                                                                                |                                                          |                                                            |              |                                                                    |
| <input type="checkbox"/> Job Bulletin (Posting) /Walk-in <input type="checkbox"/> Internet <input type="checkbox"/> Dept. of Labor <input type="checkbox"/> Ad in <i>newspaper</i> <input type="checkbox"/> Ad in <i>magazine</i><br><input type="checkbox"/> Referral by employee <input type="checkbox"/> Other: |                                                          |                                                            |              |                                                                    |

### EDUCATION

| Name of School | City/State | Did you graduate?                                           | If No, # of years left to graduate | Degree received | Major |
|----------------|------------|-------------------------------------------------------------|------------------------------------|-----------------|-------|
| High School:   |            | <input type="checkbox"/> Yes <input type="checkbox"/> No    |                                    |                 |       |
| GED:           |            | <input type="checkbox"/> Yes <input type="checkbox"/> No    |                                    |                 |       |
| Other School:  |            | <input type="checkbox"/> Yes <input type="checkbox"/> No    |                                    |                 |       |
| College:       |            | Yes No<br><input type="checkbox"/> <input type="checkbox"/> |                                    |                 |       |
| College:       |            | <input type="checkbox"/> Yes <input type="checkbox"/> No    |                                    |                 |       |
| College:       |            | <input type="checkbox"/> Yes <input type="checkbox"/> No    |                                    |                 |       |

Other credentials/licenses/professional affiliations, etc., which are relevant to the job(s) for which you are applying:

**SKILLS:** Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

**WORK EXPERIENCE-**Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT complete this information with the notation "See Resume."**

**PLEASE NOTE:** FLACRA reserves the right to contact all current and former employers for reference information.

|                                                        |                                                                                                                            |                                                                                                                                      |
|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| Dates Employed (most recent position)<br>From:      To | <input type="checkbox"/> Full time <input type="checkbox"/> Part-time<br>If part-time, # hrs./wk: <input type="checkbox"/> | Title:                                                                                                                               |
| Organization Name and Address:                         |                                                                                                                            |                                                                                                                                      |
| Supervisor's Name, Title and Phone #:                  | Other Reference Name, Title and Phone #:                                                                                   | Contact my current references:<br><input type="checkbox"/> At any time<br><input type="checkbox"/> Only if I am a finalist candidate |
| Primary duties:                                        |                                                                                                                            | Reason for Leaving:                                                                                                                  |
|                                                        |                                                                                                                            |                                                                                                                                      |
| Dates Employed (most recent position)<br>From:      To | <input type="checkbox"/> Full time <input type="checkbox"/> Part-time<br>If part-time, # hrs./wk: <input type="checkbox"/> | Title:                                                                                                                               |
| Organization Name and Address:                         |                                                                                                                            |                                                                                                                                      |
| Supervisor's Name, Title and Phone #:                  | Other Reference Name, Title and Phone #:                                                                                   | Contact my current references:<br><input type="checkbox"/> At any time<br><input type="checkbox"/> Only if I am a finalist candidate |
| Primary duties:                                        |                                                                                                                            | Reason for Leaving:                                                                                                                  |
|                                                        |                                                                                                                            |                                                                                                                                      |

|                                                                        |  |                                                                                                                            |                                                                                                                                      |
|------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| Dates Employed (most recent position)<br>From:                      To |  | <input type="checkbox"/> Full time <input type="checkbox"/> Part-time<br>If part-time, # hrs./wk: <input type="checkbox"/> | Title:                                                                                                                               |
| Organization Name and Address:                                         |  |                                                                                                                            |                                                                                                                                      |
| Supervisor's Name, Title and Phone #:                                  |  | Other Reference Name, Title and Phone #:                                                                                   | Contact my current references:<br><input type="checkbox"/> At any time<br><input type="checkbox"/> Only if I am a finalist candidate |
| Primary duties:                                                        |  | Reason for Leaving:                                                                                                        |                                                                                                                                      |
| Dates Employed (most recent position)<br>From:                      To |  | <input type="checkbox"/> Full time <input type="checkbox"/> Part-time<br>If part-time, # hrs./wk: <input type="checkbox"/> | Title:                                                                                                                               |
| Organization Name and Address:                                         |  |                                                                                                                            |                                                                                                                                      |
| Supervisor's Name, Title and Phone #:                                  |  | Other Reference Name, Title and Phone #:                                                                                   | Contact my current references:<br><input type="checkbox"/> At any time<br><input type="checkbox"/> Only if I am a finalist candidate |
| Primary duties:                                                        |  | Reason for Leaving:                                                                                                        |                                                                                                                                      |
| Dates Employed (most recent position)<br>From:                      To |  | <input type="checkbox"/> Full time <input type="checkbox"/> Part-time<br>If part-time, # hrs./wk: <input type="checkbox"/> | Title:                                                                                                                               |
| Organization Name and Address:                                         |  |                                                                                                                            |                                                                                                                                      |
| Supervisor's Name, Title and Phone #:                                  |  | Other Reference Name, Title and Phone #:                                                                                   | Contact my current references:<br><input type="checkbox"/> At any time<br><input type="checkbox"/> Only if I am a finalist candidate |
| Primary duties:                                                        |  | Reason for Leaving:                                                                                                        |                                                                                                                                      |

## **PLEASE PROVIDE THREE PROFESSIONAL REFERENCES**

1. Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Phone #: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Phone #: \_\_\_\_\_
3. Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Phone #: \_\_\_\_\_

## **PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION**

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize FLACRA to investigate, without liability, all statements contained in this application and supporting materials. I authorize, without liability, references and former employers to make full response to any inquiries in connection with this application for employment.

I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of FLACRA serve at-will, and the employment relationship may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law.

If employed, I will be required to furnish proof of eligibility to work in the United States, to file a State security questionnaire, and to comply with company and departmental regulations. I understand that if employed on a per diem basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first SIX MONTHS of regular employment represent a probationary period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

This application will expire in six months. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

As part of this application, I have received and read a copy of the New York Correction Law Article 23-A.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NEW YORK CORRECTION LAW  
ARTICLE 23-A**

**LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY  
CONVICTED OF ONE OR MORE CRIMINAL OFFENSES**

**Section 750. Definitions.**

**751. Applicability.**

**752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.**

**753. Factors to be considered concerning a previous criminal conviction; presumption.**

**754. Written statement upon denial of license or employment.**

**755. Enforcement.**

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**§750. Definitions.** For the purposes of this article, the following terms shall have the following meanings:

(1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.

(2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.

(3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.

(4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.

(5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

**§751. Applicability.** The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

**§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.** No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

(1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or

(2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

**§753. Factors to be considered concerning a previous criminal conviction; presumption.** 1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

(a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.

(b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.

(c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.

(d) The time which has elapsed since the occurrence of the criminal offense or offenses.

(e) The age of the person at the time of occurrence of the criminal offense or offenses.

(f) The seriousness of the offense or offenses.

(g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.

(h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

**§754. Written statement upon denial of license or employment.** At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

**§755. Enforcement.** 1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.

2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.