



1500 Hempstead Turnpike East Meadow, NY 11554
 (516)739-7733 ext. 1212 ▪ Fax (516) 861-3899
 E-mail: hr@epicli.org ▪ website: www.epicli.org

Employment Application

Position Desired:	Date:
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PERSONAL INFORMATION		
Last Name:	First Name:	Middle:
Address:		
City:	State:	Zip:
E-mail:	Telephone:	Cellular:

PLEASE INDICATE WHICH PROGRAM/LOCATION YOU ARE INTERESTED IN									
Administration		Clinic Services		Community Habilitation		Day Habilitation Services		East Meadow	
Baldwin		Coram		Crestwood (Farmingdale)		Chimney Lane (Levittown)*		Levittown	
Farmingdale		Freeport		Grassy Lane (Levittown)		Hicksville		Straight Lane (Levittown)	
Medford		N. Bellmore		N. Patchogue		Pt. Jefferson*			
Yaphank		Westbury		11 TH Ave (Farmingdale)*					

* These programs require previous at least 6 months of previous experience dealing with behaviors

Have you ever applied for employment with us before?		Yes [] No []	If yes, give date:
Days Available	Mon [] Tue [] Wed [] Thu [] Fri [] Sat [] Sun []		Day [] Evening [] Overnight []
Hours Available			Will you work overtime if asked? Yes [] No []
Are you 18 years of age or older?(Please be advised that EPIC does not hire individuals under the age of 18)			Yes [] No []
Are you legally authorized to work in the United States? (Proof will be required upon employment)			Yes [] No []
How did you learn about our organization? Our Website [], Job Fair [], Indeed [],			
Other Job Board [] Please indicate what site: _____			
A current employee? [], If so, write the name of the person, _____ Other: _____			
Do you have a relative who is currently employed with the organization? If yes, please list name of relative(s), title(s) and location(s) of employment:			

IF THE POSITION YOU ARE APPLYING FOR REQUIRES YOU DRIVE A MOTOR VEHICLE, PLEASE COMPLETE THE FOLLOWING QUESTIONS:

Do you have a valid New York State Driver's License? Yes ☐ No ☐ (Due to the nature of the position, a valid NYS Driver's License is required for all residential, day habilitation services and community habilitation specialist positions)

Do you have at least one-year licensed driving experience? Yes ☐ No ☐

Within the past three years have you had any moving violations, suspensions, revocations, or D.W.I. Convictions? Yes ☐ No ☐

If yes, please explain: _____

EDUCATION (Please indicate all education related to the position you are applying for):

High School:		Address:	
Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Did you earn a valid High School Equivalency Diploma(GED): Yes <input type="checkbox"/> No <input type="checkbox"/>			
College:		Address:	
Course of Study:			
Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>		Degree or Diploma:	
College:		Address:	
Course of Study:			
Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>		Degree or Diploma:	
College:		Address:	
Course of Study:			
Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>		Degree or Diploma:	

SPECIAL TRAININGS, SKILLS AND RELEVANT LICENSES OR CERTIFICATIONS:

Please List	Yes	No	Completion / Certification Date
Adult CPR (Cardiopulmonary Resuscitation)			
AMAP (Approved Medication Administration Personnel)			
SCIP-R (Strategies for Crisis Intervention & Prevention – Revised			
Defensive Driving			
Other:			
Other:			

PERSONAL / PROFESSIONAL REFERENCES (Do not include family members or past supervisors):

Name: _____	Telephone: _____
Relation: _____	Occupation: _____
Name: _____	Telephone: _____
Relation: _____	Occupation: _____
Name: _____	Telephone: _____
Relation: _____	Occupation: _____

Do you have any prior or current experience as an employee, volunteer or certified provider with the Office for People With Developmental Disabilities, the Office of Mental Health, the Office of Alcoholism and Substance Abuse or any other State agency? Do you have any prior or current experience in direct care work relevant to the position for which you are applying? No ☐ Yes ☐ , If yes, please list:

Have you ever been debarred or ineligible from participating in a Federal or State health program? ☐ No ☐ Yes
If yes, when?

Are you now, or have you ever been, on the Staff Exclusion List (“SEL”), maintained by the Justice Center for the Protection of People with Special Needs? ☐ No ☐ Yes. If yes, when?

EMPLOYMENT HISTORY (Please list employers beginning with the most recent):

Company Name:		Telephone No:	
Address:			
Address:			
Position Held:		Dates of Employment	From ____/____/____ Until ____/____/____
Type of Work Performed:			
Manager's Name:		Manager's Title:	
Reason for Leaving:			
May we contact employer: Yes [] No [] If no, please indicate why?			

Company Name:		Telephone No:	
Address:			
Address:			
Position Held:		Dates of Employment	From ____/____/____ Until ____/____/____
Type of Work Performed:			
Manager's Name:		Manager's Title:	
Reason for Leaving:			
May we contact employer: Yes [] No [] If no, please indicate why?			

Company Name:		Telephone No:	
Address:			
Address:			
Position Held:		Dates of Employment	From ____/____/____ Until ____/____/____
Type of Work Performed:			
Manager's Name:		Manager's Title:	
Reason for Leaving:			
May we contact employer: Yes [] No [] If no, please indicate why?			

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Position Held:		Dates of Employment	From / Until /
Type of Work Performed:			
Manager's Name:		Manager's Title:	
Reason for Leaving:			
May we contact employer: Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] If no, please indicate why?			

Company Name:		Telephone No:	
Address:			
Address:			
Position Held:		Dates of Employment	From / Until /
Type of Work Performed:			
Manager's Name:		Manager's Title:	
Reason for Leaving:			
May we contact employer: Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] If no, please indicate why?			

Company Name:		Telephone No:	
Address:			
Address:			
Position Held:		Dates of Employment	From / Until /
Type of Work Performed:			
Manager's Name:		Manager's Title:	
Reason for Leaving:			
May we contact employer: Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] If no, please indicate why?			

WRITING SAMPLE: PLEASE COMPLETE IF APPLYING FOR DIRECT SUPPORT PROFESSIONAL, ASSISTANT MANAGER, MANAGER; OR COMMUNITY HABILITATION SERVICES POSITIONS.

[illegible]

PLEASE READ THIS NOTICE AND CONSENT FORM CAREFULLY BEFORE SIGNING

I certify that all statements and answers in this application are true, complete and made without any reservations or evasions. I understand that any false, misrepresentation, or omission of requested information in this application may be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with EPIC Long Island is of an, "At Will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this, "At Will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the President & Chief Executive Officer of the Agency.

EPIC Long Island does not unlawfully discriminate in employment. No information gathered from this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law. We are an equal opportunity employer. All applicants and employees are considered for employment, development advancement, and earnings based up their skills and performance and potential without regard to age, sex, sexual orientation, domestic partnership, race, color, creed, religion, ethnicity, national origin, alienage or citizenship status, disability, marital status, veteran status, military status, genetic information or any other legal recognized protected basis under federal, state, or local laws, regulations or ordinances.

We are hopeful that disputes can be resolved promptly and without outside proceedings. However, if a claim is made, we all agree as follows:

1. EPIC Long Island and you each agrees to waive any right to trial by jury in connection with any dispute or claim and agree that any claim or dispute will be adjudicated by a judge sitting without a jury;
2. To assure individualized adjudication, any claim or dispute between us will be adjudicated solely by EPIC Long Island and by you in an individual action, not as a group, class or collective action or proceeding;
3. Any lawsuit that is filed shall be heard in the federal or state court closest to the site at which you were employed by EPIC Long Island; and,
4. The time period within which any claim can be asserted by you or by EPIC Long Island shall be the applicable limitation period if one year or less and if longer, we agree that it will be reduced to one year.

I understand that EPIC Long Island will conduct a thorough and complete background investigation and verification of the information I provided or will provide on my application for employment with the Agency as part of the employment process. I understand that EPIC Long Island will conduct a complete investigation including, fingerprinting, education, criminal and motor vehicle record. Credit checks will be conducted if applicable. The investigations are conducted by the Agency and/or authorized agent.

Thereby, I give my consent to EPIC Long Island to request references from my previous and current employers to enable the Agency to make an employment decision. I, hereby authorize all current and previous employers to furnish to EPIC Long Island and/or its authorized agent information regarding my employment record including but not limited to: positions held; dates of employment; last pay rate; work performance; disciplinary records; criminal record; any incidents of dishonesty, insubordination, violence, sexual harassment, discrimination, and/or harmful or threatening behavior; and any other information contained in your files relevant to my employment at EPIC Long Island.

I hereby consent to the release and disclosure of my record of criminal convictions and my motor vehicle records.

I hereby request and consent to the release and disclosure of educational records from any and all public or private institutions that I have attended to EPIC Long Island including professional or vocational license, my academic record, courses attended, grades, diplomas, or other honors conferred.

I also authorize the aforementioned to respond to verbal and written inquiries from EPIC Long Island. I hereby release from liability the employer and its representatives for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information.

Please provide your New York State Drivers' License ID# only if you are applying for a position that requires you to drive an Agency vehicle: New York State Drivers' License ID#: _____ / _____ / _____

I represent and warrant that I fully understand and consent to the foregoing and seek employment under these conditions.

Print Name

Signature of Applicant

Date: _____ / _____ / _____