



Your Life · Your Success · Our Mission

We are so pleased that you have started the application process at Northeast Career Planning. Below are some helpful steps to guide you in completing the Northeast Career Planning Employment Application. All applications must be returned to the NCP's Office to be considered for a position.

If you have questions regarding the application process or need an accommodation to complete the application, please contact Human Resources at hr@northeastcareer.org or via phone (518) 465-5201. You can also find more information on the Northeast Career Planning website, www.northeastcareer.org.

DIRECTIONS: To ensure that your application is completed in its entirety, please complete the following steps:

1. Thoroughly complete the job application and answer all questions.
Please note that "see resume" is not acceptable.
2. Review the Statement of Rights and Information
3. Review the attached EEO/Affirmative Action Information and if you would, complete the Voluntary Applicant Survey.

RETURN THE COMPLETED APPLICATION TO

- **NCP Staff or Intern positions:** NCP Human Resources
339 Broadway
Menands, New York 12204
- **NYSID Contract positions:** Sean Sullivan, Contracts Team Leader
339 Broadway
Menands, New York 12204

EEO/Affirmative Action information is also viewable at www.northeastcareer.org



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THE WORKSHOP INC., DBA NORTHEAST CAREER PLANNING

Employment Application

Northeast Career Planning is an equal opportunity employer and does not base employment decisions on an individual's race, color, creed, religion, sex (including pregnancy, childbirth or related medical conditions), sexual orientation, gender identity or expression, transgender status, age, national origin, marital status, citizenship, physical and mental disability, criminal record, genetic information, predisposition or carrier status, status with respect to receiving public assistance, domestic violence victim status, military status, veteran status, or any other characteristics protected under applicable law.

In addition, Northeast Career Planning will provide a reasonable accommodation to enable applicants with disabilities to participate in the hiring process and employees to perform the essential functions of their job unless doing so would pose an undue hardship on the organization. Please advise us if you need assistance completing this application, participating in the interview and selection process, or performing the essential functions of the job for which you are applying.

APPLICANT INFORMATION					
Last Name		First Name		M.I.	
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Position Applied for			Date Available		
Are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever been convicted of a crime or have criminal action pending in New York State or any other jurisdiction?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
Have you ever been debarred, excluded or suspended from participation in, or otherwise sanctioned under the Medicaid, Medicare or other federal, state or third party payment programs? If yes, please describe in full. In your response, please do not include information regarding any youthful offender adjudication; or any conviction for a violation that has been sealed pursuant to New York Criminal §§160.55 or 160.58.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
Have you ever been convicted of a criminal offense related to delivery of a health care item or service, or payment for a health care item or service?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		

EDUCATION				
High School		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Address		Degree		
College		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Address		Degree		
Graduate School		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Address		Degree		
Other		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Address		Degree		

LICENSE AND/OR CERTIFICATION				
1. Name		Issuing Body		
County/State		Issue Date		Expiration Date
2. Name		Issuing Body		
County/State		Issue Date		Expiration Date
3. Name		Issuing Body		
County/State		Issue Date		Expiration Date

REFERENCES			
<p><i>Please list three professional references. Individuals listed below provide information regarding your character and/or qualifications for this position. Employment is contingent on favorable references. By listing references below, you are authorizing Northeast Career Planning to contact them.</i></p>			
1. Full Name		Relationship	
Company		Phone	
Address			
2. Full Name		Relationship	
Company		Phone	
Address			
3. Full Name		Relationship	
Company		Phone	
Address			

PREVIOUS EMPLOYMENT				
1. Company		Phone		
Address		Supervisor		
Job Title		From		To
Responsibilities				
Reason for Leaving				
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
2. Company		Phone		
Address		Supervisor		
Job Title		From		To
Responsibilities				
Reason for Leaving				
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
3. Company		Phone		
Address		Supervisor		
Job Title		From		To
Responsibilities				
Reason for Leaving				
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	

MILITARY SERVICE				
Have you ever served in the United States Uniformed Services? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please provide additional information below.				
Branch		From		To
Rank at Discharge		Type of Discharge		
If other than honorable, explain				

EMPLOYMENT GAPS AND OTHER SKILLS
If there have been any gaps in your employment during the past 5 years, please provide details below. Additionally, please list any other skills you have that may be helpful in this position.

DISCLAIMER AND SIGNATURE

I understand that, as part of the application process, I may be asked to provide information of a personal nature with regard to work eligibility, work experiences, criminal convictions, and educational history. I also understand that I am providing this information voluntarily and may discontinue the application process at any time.

I understand that any offer of employment is contingent upon the verification of data provided. I certify that the information I have provided on this application is true, accurate, and complete, and I agree to provide true, accurate, and complete information in connection with my request for employment, including the interview process. I understand that any false statement, misrepresentation, or omission of fact will be cause for refusal of employment or, if employed, termination of employment with Northeast Career Planning. I agree that Northeast Career Planning may contact any of the references or previous employers/supervisors listed above and release all persons for liability for doing so.

I understand that employment with Northeast Career Planning is at will, which means that either party can end the employment relationship with or without cause or notice at any time. I also understand that no representative of Northeast Career Planning other than the Board of Directors has the authority to enter into any agreement for employment for a specified duration or to make any agreement for employment other than at-will. Any such agreement that changes my at-will employment status must be explicit, in writing, and signed by both the Board President and me. Northeast Career Planning and all benefit plan administrators reserve the maximum discretion permitted by law to change, alter, interpret, discontinue, enhance or otherwise modify all policies, procedures and benefit plans.

Applicant Signature	Date	
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Statement of Rights and Information

Please read before giving consent to the Criminal History Record Check

New York State law now requires that employees, volunteers, interns, and consultants of programs certified by The Office For People with Developmental Disabilities (OPWDD) and The Office of Mental Health (OMH) who are in a position that would allow for “regular and substantial unsupervised or unrestricted physical contact with people receiving services” for Northeast Career Planning must consent to a criminal history record check before assuming the full responsibilities of his or her position. The law denies persons subject to this requirement as “any person whose work assignment is at a certified site at least some of the time that persons are receiving services.” At the time an offer of employment is made, the prospective employee will be notified if a criminal history background check is required for the position that they have been offered.

This check is a multi-step process. The first involves a check of the NYS Staff Exclusion List (SEL). Then, (if not on the exclusion list) the individual must give consent to the criminal history record check and submit fingerprints to NYS Justice Center, (we will arrange this if we offer you a position here). The fingerprints will then be forwarded to the New York State Division of Criminal Justice Services, which will check against its database for any convictions or pending charges. The information from that search will be forwarded to the NYS Justice Center, and, if there are any findings, to both you and Northeast Career Planning. The confidentiality of this information is mandated by law and only authorized persons at Northeast Career Planning will have access to this information.

The law requires that if there is conviction for certain crimes, that Northeast Career Planning must decline your application. If there are convictions of other crimes, NYS Justice Center may direct that we decline your application, or we may decide to decline your application. If the criminal history record check indicates convictions or pending charges that you did not disclose to us, we will decline your application on that grounds that you were not truthful in your application. You should be aware that you have the following rights:

1. You may withdraw your application for employment, or to be a volunteer, at any time, without prejudice, regardless of whether your criminal history information has been reviewed.
2. You will be advised if the criminal history record check associates any convictions or pending charges with your fingerprints and personal information: if for any reason you believe this information is not accurate, you have the right to obtain, review, and seek correction of your criminal history record information under regulations established by the New York State Division of Criminal Justice Services.

If you have any questions about any of this information, please speak with our Chief Executive Officer, Nancy Rider, at 518-465-5201.

Equal Employment Opportunity Self-Identification Applicant Survey

Applicant Name: _____

Date: _____

Position Applied For: _____

Survey of Sex, Ethnic Group and Race

Our organization is an equal opportunity employer and government contractor. It has been and shall continue to be both the official policy and the commitment of the Company, including all its divisions to further equal employment opportunities in hiring or employment. Our organization is committed to the employment and advancement of minorities, females, individuals with disabilities, and veterans. No question on this form is intended to secure information to be used for such discrimination. If you fall into one of these protected classifications, we invite you to identify to yourself and receive coverage under our company's Affirmative Action Plan.

Completion of this form is voluntary and in no way affects the decision regarding your employment opportunity. Our organization is required by federal regulations to report information as requested below. The information provided will be held in the strictest confidence, will be maintained in a separate file, and will not be used in a manner inconsistent with the Acts. You may inform us of your status related to the following data or your change in status at this time and/or any time in the future.

Select the categories that apply. Definitions below.

Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Ethnic Group:	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino
Race:	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White
	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Two or More races

Definitions – Race / Ethnic Groups

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.

Applicant Survey

Survey of Protected Veteran Status

This employer is a government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended (Section 4212), which requires government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. Our affirmative action policy prohibits discrimination and requires us to take affirmative action to employ and advance in employment qualified protected veterans at all levels of employment. The below invitation is made pursuant to this policy.

Disclosure of this information is voluntary and refusing to provide it will not subject you to any adverse treatment. The information will be used only in ways that are consistent with Section 4212. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service ("VETS"), toll-free, at 1-866-4-USA-DOL.

INVITATION TO SELF-IDENTIFY

PLEASE ANSWER THE FOLLOWING QUESTIONS

Do you identify as one (or more) of the following protected veteran categories? Categories and definitions below.
Please check the appropriate box below this section. NOTE: You do not have to indicate which specific category applies.

Disabled Veteran: (i) a veteran of the U.S. military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veteran Affairs; or (ii) a person who was discharged or released from active duty because of a service-connected disability.

Recently Separated Veteran: any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

Armed Forces Service Medal Veteran: a veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces medal was awarded pursuant to Executive Order 12985.

Active Duty Wartime or Campaign Badge Veteran: a veteran who served on active duty in the U.S. military, ground, naval, or air service either during a "period of war" as defined below or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

"Period of war" is defined for these purposes by the Department of Labor as:

- June 27, 1950 to January 31, 1955 (Korean conflict)
- February 28, 1961 to May 7, 1975 (for veterans serving in the Republic of Vietnam)
- August 5, 1964 to May 7, 1975 (for all other veterans who served during the Vietnam conflict)
- August 2, 1990 to the present (Gulf War)

AM I A PROTECTED VETERAN?

The Vietnam Era Veterans' Readjustment Assistance Act of 1974 (VEVRAA), as amended (38 U.S.C. § 4212), prohibits discrimination against protected veterans.

Under VEVRAA, a veteran may be classified as a "disabled veteran," "recently separated veteran," "active duty wartime or campaign badge veteran," or "Armed Forces service medal veteran."

DETERMINE YOUR VETERAN STATUS

1 Did you serve on active duty* in the U.S. Military?

*See 38 USC § 101(21) for a full list of service that may be counted as active duty.

2 Were you discharged or released from service under conditions other than dishonorable?

If you answered "yes" to the above questions, continue to the questions below. If you answered "no" to any of the questions, you may not be considered a protected veteran.

DETERMINE IF YOU ARE PROTECTED UNDER VEVRAA

DISABLED VETERAN

- Are you a veteran of the U.S. Military who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs?
- or
- Were you discharged or released from active duty because of a service-connected disability?

RECENTLY SEPARATED VETERAN

- Were you discharged or released from active duty within the last three years?

ACTIVE DUTY WARTIME OR CAMPAIGN BADGE VETERAN

- Did you serve on active duty during one or more of the periods of war outlined in **38 U.S.C. § 101**†
- Did you serve on active duty in any campaign or expedition for which a campaign badge has been authorized under the laws administered by the **Department of Defense**?

ARMED FORCES SERVICE MEDAL VETERAN

- Did you serve on active duty in a U.S. military operation for which an Armed Forces Service Medal was awarded pursuant to Executive Order 12985 (61 FR 1209) and were you awarded the Armed Forces Service Medal?
- If you were awarded the Armed Forces Service Medal, is it listed on your **DD Form 214**?

If you answer "yes" to any questions in the above categories, you may be protected under VEVRAA. A veteran may qualify in more than one category. If you do not fall into any of the categories, you may not be a protected veteran.

Please note that this page provides general information. It is not intended to substitute for the actual law and regulations regarding the program described herein.

†Period of War Dates: Korean Conflict June 27, 1950 – January 31, 1955; Vietnam Era February 28, 1961 – May 7, 1975 for veterans serving in the Republic of Vietnam or August 5, 1964 – May 7, 1975 for all other cases; Persian Gulf War August 2, 1990 – current.

If you do not have a DD-214 Form, or have additional questions about your veteran status, please contact the Department of Veterans Affairs at 1-800-827-1000.



OFFICE OF FEDERAL CONTRACT
COMPLIANCE PROGRAMS
U.S. Department of Labor

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE.
- I AM NOT A PROTECTED VETERAN.
- I DECLINE TO ANSWER.

Applicant Name: _____

Date: _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

Information for Requesting Information About An Accommodation

The Company has appointed the following individual(s) as the official(s) responsible for processing requests for reasonable accommodation from applicants and employees with disabilities:

Name	Nadine Walsh
Title	Chief Financial Officer
Office Phone	518-465-5202 ext. 302
Fax Number	518-444-5279
Email	nwalsh@northeastcareer.org
Mailing Address	The Workshop Inc., dba Northeast Career Planning 339 Broadway Menands, New York 12204

Information about the Company's reasonable accommodation procedures is available at www.northeastcareer.org.