

LIFETIME ASSISTANCE, INC INTERNAL APPLICATION

Please note: All information must be completed

NAME: _____ PHONE NO: _____

FULL ADDRESS: _____ ZIP _____

JOB POSTING NO: _____ POSITION _____ LOCATION _____

CURRENT POSITION: _____ DATES: FROM: _____ TO: _____

CURRENT PROGRAM: _____ LOCATION: _____

HIRING DATE WITH LAI: _____

DO YOU HAVE RELATIVES WORKING FOR LAI? ___ Yes ___ No

IF YES, NAME (S) _____

QUALIFICATIONS: (Refer to Internal Job Posting) Resume is optional. Work history (other than LAI.). Attach additional sheet if necessary.

TRAINING: CPR SCIP FIRST AID MED CERTIFICATION VAN CERTIFIED CDL

OTHER: _____

HAVE YOU COMPLETED INTRODUCTORY TRAINING? ___ Yes ___ No

EDUCATION

	Name and Location	# Years	Graduate?	Degree/Major
High School				
College(s)				
Other (specify)				

LAI REFERENCES (please list three):

NAME	PROGRAM

Do you have a valid, clean NYS driver's license? Yes No

Have you had your license suspended or revoked? Yes No

Have you had a DWI or other Convictions? Yes No

(Transportation of individuals involves a high degree of responsibility by both the driver and the Agency. As part of this responsibility, we reserve the right to review your driving record at the beginning of your employment and on a 6-month basis thereafter.)

Do you agree with this? Yes No

Authorization of DMV License check: Yes No

DMV License #: _____

(A DMV license check will be done if offered a position with Lifetime Assistance where driving is a requirement of the position offered. I understand the job offer is contingent upon the results of my DMV license check if driving is a requirement of the position offered to me.)

Do you have a conviction or prior employment history of child or client abuse, neglect or mistreatment? Yes No If yes, explain:

Have you ever been the subject of an indicated* report of abuse, neglect or maltreatment? Yes No If yes, explain:

*(*An indicated report of abuse, neglect or maltreatment is a report made after an investigation by an appropriate governmental agency to the Central Register of the New York State Department of Social Services or other governmental agency because some credible evidence exists to support an allegation of abuse, neglect or maltreatment.)*

I authorize investigation of all statements contained herein. I authorize LAI to obtain any and all information concerning my employment. I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I acknowledge and understand that if I am offered a position with Lifetime Assistance I may be required, under New York State Law, to be fingerprinted and subject to a Criminal History Record Check. I acknowledge and understand that my employment is contingent on the outcome of the criminal history check and/or background investigation and a (DMV) department of motor vehicle license check.

Signature

Date

**PLEASE SUBMIT THIS FORM DIRECTLY TO THE
HIRING MANAGER, HUMAN RESOURCES, CHILI COMPLEX**