

# Suburban Adult Services, Inc. Employment Application

Our agency is an equal opportunity employer and will not discriminate against an applicant or employee on the basis of race, sex, age, color, religion, national origin, ancestry, disability, genetic information, sexual orientation, gender identity, marital status, familial status, domestic violence victim status, or any other legally protected basis under law. An applicant with a disability may be entitled to reasonable accommodation. Please contact the agency's Human Resources Department if you need assistance completing any forms or participating in the application process.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

## PERSONAL:

Date \_\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Home Phone ( ) Business Phone ( )

Email \_\_\_\_\_

Present Address \_\_\_\_\_  
NO. STREET

CITY STATE ZIP

Are you 18 years of age or older?  Yes  No

Are you legally authorized to work in the United States?  Yes  No

Have you ever been convicted of any misdemeanor or felony in any jurisdiction?  Yes  No

If yes, identify each offense, location, date and disposition \_\_\_\_\_

*If additional space is required, please attach a separate page.*

Do you have any criminal charge currently pending against you?  Yes  No

If yes, identify each charge, location and date \_\_\_\_\_

*NOTE: A conviction/pending charge will not necessarily disqualify you from employment.*

**DRIVING INFORMATION:** Complete the following questions if you are applying for a position where driving is an essential function.

Drivers License: State \_\_\_\_\_ Type \_\_\_\_\_ Currently Valid?  Yes  No

Have you ever been involved in an incident involving a motor vehicle resulting in harm to human beings or property?  Yes  No

If yes, please explain \_\_\_\_\_

List all moving traffic violations in the last five (5) years:

Offense Date Location

Offense Date Location

Offense Date Location

Offense Date Location

*NOTE: A conviction/pending charge will not necessarily disqualify you from employment.*

## EMPLOYMENT DESIRED:

Are you seeking:  Full-time  Part-time

Position applied for \_\_\_\_\_ Salary desired \_\_\_\_\_

Date available to start \_\_\_\_\_

Have you ever applied to our agency before?  Yes  No

Have you ever worked for our agency before?  Yes  No

If yes to either of the above questions, state when and what position you applied and/or worked \_\_\_\_\_

How did you learn of our Agency and/or position? \_\_\_\_\_

Are there any days or hours you would be unable or unwilling to work?  Yes  No

If yes, please specify those days or hours \_\_\_\_\_

### EDUCATION:

Name, Address and Location	Graduate?	Courses Studied
High School	<input type="checkbox"/> Yes <input type="checkbox"/> No	DIPLOMA:
College	<input type="checkbox"/> Yes <input type="checkbox"/> No	DIPLOMA:
Trade School	<input type="checkbox"/> Yes <input type="checkbox"/> No	DIPLOMA:

### MILITARY:

Have you ever served in the military? Yes No

Date Entered \_\_\_\_\_ Date Separated \_\_\_\_\_

Final Rank \_\_\_\_\_ Service Branch \_\_\_\_\_

**WORK HISTORY:** List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. **PLEASE GIVE MONTH AND YEAR. DO NOT REFERENCE YOUR RESUME.**

Are you currently employed? Yes No

Are you currently on a lay-off or subject to recall? Yes No

Name of Employer		Name and Title of Last Supervisor	Dates Employed		Pay
Address City, State, ZIP Code			From:	To:	
Telephone Area Code ( )	Nature of Business	Hours Per Week	Mo.	Mo.	Starting \$
Title			Year	Year	Ending \$
Duties		Reason for Leaving			

Name of Employer		Name and Title of Last Supervisor	Dates Employed		Pay
Address City, State, ZIP Code			From:	To:	
Telephone Area Code ( )	Nature of Business	Hours Per Week	Mo.	Mo.	Starting \$
Title			Year	Year	Ending \$
Duties		Reason for Leaving			

Name of Employer		Name and Title of Last Supervisor	Dates Employed		Pay
Address City, State, ZIP Code			From:	To:	
Telephone Area Code ( )	Nature of Business	Hours Per Week	Mo.	Mo.	Starting \$
Title			Year	Year	Ending \$
Duties		Reason for Leaving			

**WORK HISTORY (CONTINUED):**

Name of Employer		Name and Title of Last Supervisor	Dates Employed		Pay
Address			From:	To:	
City, State, ZIP Code					
Telephone	Nature of Business			Starting	
Area Code ( )				\$	
Title		Hours Per Week	Year	Year	Ending
				\$	
Duties		Reason for Leaving			

Name of Employer		Name and Title of Last Supervisor	Dates Employed		Pay
Address			From:	To:	
City, State, ZIP Code					
Telephone	Nature of Business			Starting	
Area Code ( )				\$	
Title		Hours Per Week	Year	Year	Ending
				\$	
Duties		Reason for Leaving			

**SUPPLEMENTAL EMPLOYMENT INFORMATION:**

Have you ever been employed by a Human Services Agency that is not listed above? Yes No

If yes, please list Company Name, Dates of Employment and Title \_\_\_\_\_

For the purpose of verifying information on this application, have you ever worked or attended school under a different name at any of the organizations you have listed? Yes No

If yes, specify name \_\_\_\_\_

Are you related to any person currently employed or served by Suburban Adult Services, Inc.? Yes No

If yes, please list name and relationship \_\_\_\_\_

Have you ever been involuntarily terminated or asked to resign from a job? Yes No

If yes, please explain \_\_\_\_\_

Have you ever been disciplined or received verbal or written warnings for absenteeism or tardiness? Yes No

If yes, please explain \_\_\_\_\_

Are you currently involved in a Justice Center investigation or any other investigation involving an allegation of abuse or mistreatment of an individual with disabilities by any regulatory or investigatory agency? Yes No

If yes, please explain \_\_\_\_\_

Have you ever had a substantiated allegation of abuse or neglect for the mistreatment of an individual with disabilities, including, but not limited to, Category 1, Category 2, or Category 3 abuse or neglect? Yes No

If yes, please explain \_\_\_\_\_

**SUPPLEMENTAL EMPLOYMENT INFORMATION (CONTINUED):**

Are you currently or have you ever been indicated of child abuse? Yes No

If yes, please explain \_\_\_\_\_

Are you currently under investigation for any type of Medicaid fraud or abuse? Yes No

If yes, please explain \_\_\_\_\_

Have you ever been convicted of Medicaid fraud or abuse in the past? Yes No

If yes, please explain \_\_\_\_\_

**PROFESSIONAL REFERENCES:**

May we contact your most recent employer? Yes No Give four professional references.

Company Name	Immediate Supervisor	Address	Telephone Number
Most recent employer			

**PERSONAL REFERENCES:** Give four personal references (not relatives or former employers):

Name	Occupation	Address	Telephone Number

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## Acknowledgments and Signature:

I certify that my answers to the foregoing questions are true, and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements or material omissions made on this application form or during any interviews is sufficient grounds for my immediate discharge.

I hereby authorize Suburban Adult Services, Inc. (the "Agency") to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to them revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against the Agency and the individuals or companies contacted, for defamation, libel, slander, invasion of privacy, or any other claim arising out of their statements.

I agree that, if I am employed, I will abide by all the rules and regulations of the Agency. I understand that the taking of drug and alcohol tests, when given pursuant to the policies of the Agency, is a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination. I understand that if selected, my employment is contingent upon my passing the pre-employment physical and if required for position, a criminal history record check. I also understand that if an employment relationship is established, my employment will be "at-will" and may be terminated by me or the Agency at any time, with or without cause, reason, or notice. No Agency officer or employee has the authority to alter the at-will nature of my employment, except in a written agreement signed by the President of the Agency.

I understand that nothing in this employment application, in the statements or personnel guidelines of the Agency, or in my communications with any official of the Agency is intended to create an employment contract between the Agency and me. I also understand that the Agency has the right to modify its policies from time to time without advanced notice. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the Agency unless it is made in writing and signed by the President of the Agency.

By entering my name below, I acknowledge that I have read, understand and agree to the preceding statements.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

# INVITATION TO SELF-IDENTIFY

Name: \_\_\_\_\_

How did you learn about Suburban Adult Services, Inc. (SASi)? \_\_\_\_\_

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

SASi is an Equal Opportunity Employer committed to the policies and principles of Non-Discrimination and Affirmative Action. To implement these policies and to respond to federal affirmative action recordkeeping and reporting requirements, it is important that the following information be gathered from all applicants and employees. Providing this information is optional. Failure to submit data will not in any way affect your present or future employment. The information provided will remain confidential and be used primarily for government reporting purposes.

**RACE/ETHNIC GROUPS:** Are you Hispanic or Latino? Yes  No

If you answered “No” to the question “Are you Hispanic or Latino?” please check the applicable race box (check one):

- White (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- Two or More Races – All persons who identify with more than one of the above five races. (Not Hispanic or Latino)

**SEX:**

Male  Female

**VETERAN STATUS:**

Classifications of *protected veteran* are defined as follows:

- A “**disabled veteran**” is either 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 Veterans Affairs; or a person who was discharged or released from active duty because of a service-connected disability.
- A “**recently separated veteran**” means 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.
- An “**active duty wartime or campaign badge veteran**” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An “**armed forces service medal veteran**” means 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 service medal was awarded pursuant to Executive Order 12985.

- I identify as one or more of the classifications of *protected veteran* listed above.
- I am **not** a *protected veteran*.

**APPENDIX: CAMPAIGNS AND EXPEDITIONS THAT QUALIFY FOR VETERANS PREFERENCE**

<b>Armed Forces Expeditionary Medal:</b>		
<b>Campaign/Expedition</b>	<b>Start Date</b>	<b>End Date</b>
Afghanistan (Operation Enduring Freedom)	09/11/01	present
Afghanistan (Operation Iraqi Freedom)	03/19/03	present
Berlin	08/14/61	06/01/63
Bosnia (Operation Joint Endeavor)	11/20/95	12/20/96
Bosnia (Operation Joint Guard)	12/20/96	06/20/98
Bosnia (Operation Joint Forge)	06/21/98	present
Cambodia	03/29/73	08/15/73
Cambodia Evacuation (Operation Eagle Pull)	04/11/75	04/13/75
Congo	07/14/60	09/01/62
Congo	11/23/64	11/27/64
Cuba	10/24/62	06/01/63
Dominican Republic	04/28/65	09/21/66
El Salvador	01/01/81	02/01/92
Global War on Terrorism	09/11/01	present
Grenada (Operation Urgent Fury)	10/23/83	11/21/83
Haiti (Operation Uphold Democracy)	09/16/94	03/31/95
Iraq (Operation Northern Watch)	01/01/97	present
Iraq (Operation Desert Spring)	12/31/98	12/31/02
Iraq (Operation Enduring Freedom)	09/11/01	present
Iraq (Operation Iraqi Freedom)	03/19/03	present
Korea	10/01/66	06/30/74
Kosovo	03/24/99	present
Laos	04/19/61	10/07/62
Lebanon	07/01/58	11/01/58
Lebanon	06/01/83	12/01/87
Mayaguez Operation	05/15/75	05/15/75
Operations in the Libyan Area (Operation Eldorado Canyon)	04/12/86	04/17/86
Panama (Operation Just Cause)	12/20/89	01/31/90
Persian Gulf Operation (Operation Earnest Will)	07/24/87	08/01/90
Persian Gulf Operation (Operation Southern Watch)	12/01/95	present
Persian Gulf Operation (Operation Vigilant Sentinel)	12/01/95	02/01/97
Persian Gulf Operation (Operation Desert Thunder)	11/11/98	12/22/98
Persian Gulf Operation (Operation Desert Fox)	12/16/98	12/22/98
Persian Gulf Intercept Operation	12/01/95	present
Quemoy and Matsu Islands	08/23/58	06/01/63
Somalia (Operations Restore Hope and United Shield)	12/05/92	03/31/95
Taiwan Straits	08/23/58	01/01/59
Thailand	05/16/62	08/10/62
Vietnam Evacuation (Operation Frequent Wind)	04/29/75	04/30/75
Vietnam (including Thailand)	07/01/58	07/03/65

<b>Navy Expeditionary Medal and Marine Corps Medal for These Operations:</b>		
<b>Campaign/Expedition</b>	<b>Start Date</b>	<b>End Date</b>
Cuba	01/03/61	10/23/62
Indian Ocean/Iran	11/21/79	10/20/81
Iranian/Yemen/Indian Ocean	12/08/78	06/06/79
Lebanon	08/20/82	05/31/83
Liberia (Operation Sharp Edge)	08/05/90	02/21/91
Libyan Area	01/20/86	06/27/86
Panama	04/01/80	12/19/86
Panama	02/01/90	06/13/90
Persian Gulf	02/01/87	07/23/87
Rwanda (Operation Distant Runner)	04/07/94	04/18/94
Thailand	05/16/62	08/10/62

<b>Other Campaign and Service Medals Qualifying for Preference:</b>		
<b>Campaign/Expedition</b>	<b>Start Date</b>	<b>End Date</b>
Army Occupation of Austria	05/09/45	07/27/55
Army Occupation of Berlin	05/09/45	10/02/90
Army Occupation of Germany (exclusive of Berlin)	05/09/45	05/05/55
Army Occupation of Japan	09/03/45	04/27/52
Chinese Service Medal (Extended)	09/02/45	04/01/57
Korea Defense Service Medal	07/28/54	TBD
Korean Service	06/27/50	07/27/54
Kosovo Campaign Medal (KCM) Operation Allied Force	03/24/99	06/10/99
Kosovo Campaign Medal (KCM) Operation Joint Guardian	06/11/99	TBD
Kosovo Campaign Medal (KCM) Operation Allied Harbor	04/04/99	09/01/99
Kosovo Campaign Medal (KCM) Operation Sustain Hope/Shining Hope	04/04/99	07/10/99
Kosovo Campaign Medal (KCM) Operation Noble Anvil	03/24/99	07/20/99
Kosovo Campaign Medal (KCM) Task Force Hawk	04/05/99	06/24/99
Kosovo Campaign Medal (KCM) Task Force Saber	03/31/99	07/08/99
Kosovo Campaign Medal (KCM) Task Force Falcon	06/11/99	TBD
Kosovo Campaign Medal (KCM) Task Force Hunter	04/01/99	11/01/99
Navy Occupation of Austria	05/08/45	10/25/54
Navy Occupation of Trieste	05/08/45	10/25/54
Southwest Asia Service Medal (Operations Desert Shield and Desert Storm)	08/02/90	11/30/95
Units of the Sixth Fleet (Navy)	05/09/45	10/25/55
Vietnam Service Medal (VSM)	07/04/65	03/28/73
Rwanda (Operation Distant Runner)	04/07/94	04/18/94
Thailand	05/16/62	08/10/62

# Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
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. 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  
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### 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.

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i 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](http://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.