



Creative Living Solutions Inc.
 "Realize What's Possible!"

Application for Employment
 292 Washington Avenue Extension Suite 103
 Albany, New York 12203
 Phone: (518)250 5761 Fax: (518) 313 7839
 www.clsinc.org

Creative Living Solutions Inc (CLS Inc.) is an Equal Opportunity Employer. Applicants are considered for all positions (and treated during any subsequent employment), without regard to race, color, religion, gender, national origin, age, disability, sexual orientation, gender identity or expression, marital status, military status, domestic violence victim status, or any other prohibited basis of discrimination, as provided under applicable state and federal law.

(PLEASE PRINT in blue or black ink. Only legible applications will be considered)

Position Applied for: _____ Referral Source: _____
 Part Time Full Time Per Diem

Name: _____
 LAST FIRST MIDDLE

Address : _____

Phone: _____ E-mail: _____

Date Available: _____ Social Security No. _____

Are you prevented from lawfully becoming employed in this country? Yes NO
 (Proof of citizenship or immigration status will be required upon employment)

Have you ever been employed by our organization before? Yes No If Yes give date: _____

Have you EVER been convicted of a misdemeanor, felony, or other crime (other than a minor traffic infraction) in any jurisdiction? Yes No

If yes, describe in detail (Including year): _____

(A conviction is not an automatic bar from employment. Each case is considered and evaluated on its individual merits in relation to the duties and responsibilities of the position)

Are there any pending criminal charges, against you? Yes No

If yes, describe in detail: _____

Have you EVER been sanctioned or otherwise disciplined by, or excluded from, the New York Medicaid Program, Medicare or any other state or federal government funded program? Yes No

If yes, describe in detail: _____

Have you had a personal or employment related conviction or prior history of child abuse, neglect or mistreatment? Yes No

If yes, describe in detail: _____



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Driver's License number: _____ State: _____

Have you **EVER** been convicted of a motor vehicle moving violation including but not limited to alcohol and drug related offences, or had any suspension, revocation, or occurrence (accidents) involving harm to human beings or property while driving? (Include dates of occurrences) Yes [] No []

If yes, describe in detail: _____

"Please be advised that you may need to provide information, statements and fingerprints according to the requirements of the Agency, and OPWDD in order for a background check to be conducted through DCJS. If applicable, you will have the right to obtain, review and seek correction of any information received in response to tile criminal background check conducted by DCJS."

*******EDUCATION*******

High School: _____ Address: _____ City/State _____

Did you graduate? Yes [] No [] Diploma [] GED []

College/University: _____ Address: _____ City/State _____

Did you graduate? Yes [] No [] Degree: _____

Graduate/ Professional: _____ Address: _____ City/State _____

Did you graduate? Yes [] No [] Degree: _____

Professional Licenses: _____

*******EMPLOYMENT EXPERIENCE*******

Company: _____ Phone: _____

Address: _____

Job Title: _____

Dates of Employment: _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes [] No []
(This may be required prior to any employment offer)

Company: _____ Phone: _____

Address: _____

Job Title: _____

Dates of Employment: _____ Reason for leaving: _____

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OTHER RELATED HISTORY: Please list below the name address phone number and dates of any prior or current experience as an employee volunteer or provider with the New York State Office for People With Developmental Disabilities ("OPWDD"), any other state agency or any other human services provider. Also list any prior or current experience you have in work relevant to the position for which you are applying, including child caring experience. Employment listed above under Employment History need not be repeated. If you need additional space, please continue on a separate sheet of paper

Company: _____ Phone: _____

Address: _____

Job Title: _____

Dates of Employment: _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes No
(This may be required prior to any employment offer)

Company: _____ Phone: _____

Address: _____

Job Title: _____

Dates of Employment: _____ Reason for leaving: _____

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Please list any other special skills or completed training/courses which might aid in the performance of duties of the position for which this application is being made. Also include any relevant professional license held:

*****PERSONAL REFERENCES*****

Please list three (3) Personal References who are not related to you, and who are not previous employers.

Name: _____ Phone #: _____

E-Mail: _____

Name: _____ Phone #: _____

E-Mail: _____

Name: _____ Phone #: _____

E-Mail: _____

APPLICANT'S STATEMENT

I certify that the information I provided on this application and any accompanying documentation, and will provide throughout the hiring process is true and complete to the best of my knowledge. The company may investigate all statements contained in this application and may utilize social media searches to do so. In the event of employment, I understand that false, incomplete or misleading information given in my application, during the interview(s) or at any other time, is grounds for and may result in immediate discharge regardless of the timing or circumstances of discovery. I further understand that should an offer of employment be extended, that employment will be "at will", for no specified duration and may be terminated by myself or CLS Inc. at any time, with or without cause. I understand that neither this application, any statements made by any CLS Inc. representatives, nor any offer of employment from CLS Inc. constitutes an employment contract. I also understand that no representative of CLS Inc. has the authority to enter into an employment contract, guarantee employment for a specified period, or modify any of the foregoing, other than in a written document signed by the Executive Director. I understand, also, that I am required to abide by all rules, policies and procedures, and regulations of the employer, and that any employment offer may be contingent on acceptable references, physicals, testing, and criminal background checks.

Signature of Applicant: _____ Date: _____

We are an Equal Opportunity Employer and have strict policies regarding discrimination in the application and course of employment



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EMPLOYMENT VERIFICATION FOR CREATIVE LIVING SOLUTIONS, INC.

****APPLICANT TO COMPLETE THIS PORTION ONLY****
 I hereby authorize the release of information concerning my work performance, professional conduct and/or training while in your employment to the above-named agency:

Print Name: _____

Signature: _____

Date: _____

Position Applied for: _____

To (Company Name and Address): _____

From:
Creative Living Solutions Inc.
Human Resources Department
292 Washington Avenue Extension suite 103
Albany NY, 12203
Phone: 518 250 5761

The above-named applicant has indicated previous employment with you from:
 _____ to _____ and has applied for the position of :
 _____. Your assistance in completing this work
 reference is greatly appreciated and will be kept in strict confidence. Thank you in advance for your
 anticipated assistance.

Telberth Z Forde
Executive Director
Creative Living Solutions Inc.

*****EMPLOYER TO COMPLETE*****

Company Name: _____
 Dates of Employment: _____
 Job Title: _____
 Is the applicant eligible for rehire? Yes [] No []

 Name of person providing reference Date
 Title: _____ Phone Number: _____

Please indicate if reference check was completed by: Phone [] Mail [] E-Mail []
 Please fold and return in the enclosed self-addressed stamped envelope. Thank you



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CREATIVE LIVING SOLUTIONS, INC. Office Use Only

Verified job title and dates of employment:

Dates/title match

Dates/title do not match:

If dates/title do not match, date applicant contacted: _____

Was application contacted by: Phone Mail E-Mail Other

Explanation: _____
